# Keewatin Yatthé
## Regional Health Authority

# 2015-16 Annual Report

*Cover photo*
*"Bear Approaching"*
*Green Lake*

This report is available in electronic format (PDF)
online at www.kyrha.ca

**Keewatin Yatthé Regional Health Authority**

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# Keewatin Yatthé
## Regional Health Authority

# 2015-16 Annual Report

Wholistic Health of Keewatin Yatthé
Health Region Residents

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# LETTER OF TRANSMITTAL

To: Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan,

The Keewatin Yatthé Regional Health Authority (KYRHA) is pleased to provide you and the residents of our northwest Saskatchewan health region with the 2015-16 Annual Report. In addition to outlining activities and accomplishments of the Region for the year ended March 31, 2016, this report provides the audited financial statements for the same period.

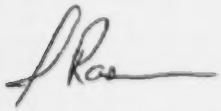
Included in KYRHA's progress during the last fiscal year were the effects of adding Radiology Information System - Picture Archiving and Communications System (RIS-PACS). The addition of RIS-PACS reduced the wait time of receiving diagnostic imaging results from 15 to 21 days to 24 to 48 hours. This has greatly reformed the timely diagnostic decisions and management of patients without delay.

Our Region continues to use Lean tools to make incremental improvement in care delivery by improving efficiencies and facilitating patient flow. Additionally, the organization certified one Lean leader and adopted the hoshin of decreasing inappropriate behaviour midway through the year.

As well, KYRHA met the follow-up requirements set out in Accreditation Canada's June 2015 Supplementary Survey, recording unblemished results in four separate areas. While more details regarding KYRHA's Accreditation successes are outlined in the "Accreditation" section of this annual report, the latest results demonstrate our organization's commitment to meeting national standards in health care. We are positioned well for the full-site visit in May 2017.

In terms of challenges, KYRHA faced evacuation due to forest fires, a major shooting incident, multiple outbreaks toward year-end, staffing shortages in Acute Care, a loss of out-of-scope managers and a decrease in staff immunization. While we continue to address the impact of the aforementioned events, both in terms of personnel and finances, we appreciate all the help and support extended to our organization and the communities that we serve. Likewise, we acknowledge the impact that said events had on the communities in our Region and remained steadfast in our delivery of safe, quality care during those difficult times.

Respectfully submitted,



Tina Rasmussen
Chairperson

# INTRODUCTION

**THIS ANNUAL REPORT** presents the Keewatin Yatthé Regional Health Authority's activities and results for the fiscal year ending March 31, 2016.

The 2015-16 Annual Report provides an opportunity to assess accomplishments, results, lessons learned and a chance to identify how to build on past successes for the benefit of the people of the Keewatin Yatthé Health Region.

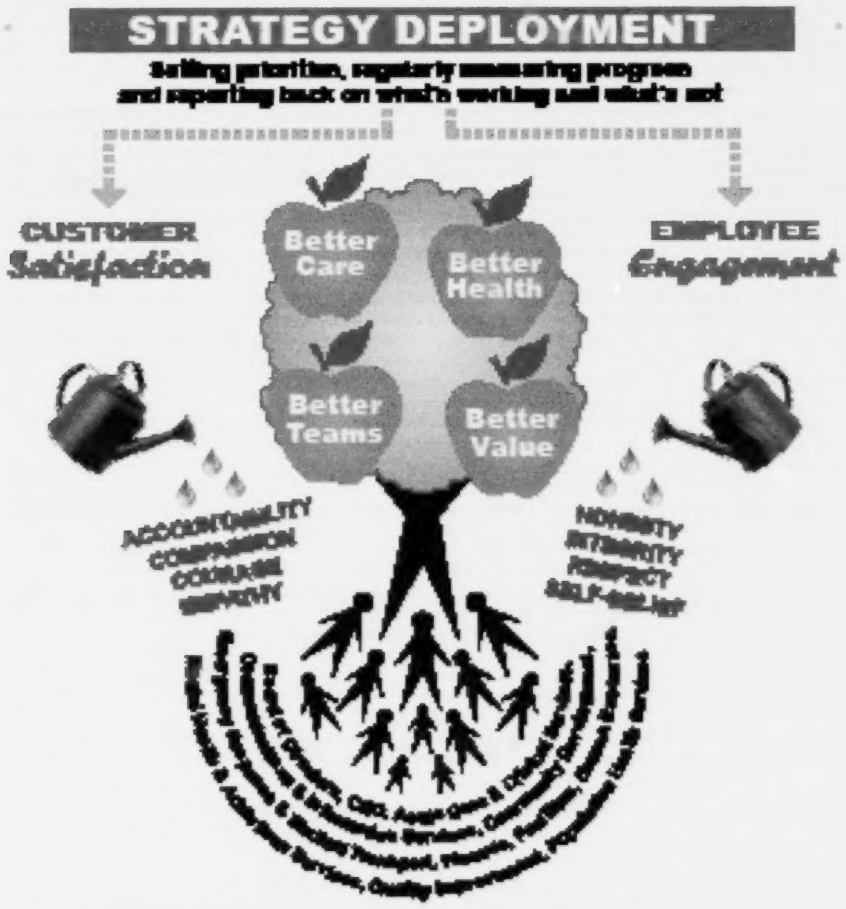
The health authority is solely responsible for preparation of the report, from the gathering and analysis of information through to the design and layout of pages. As a result, we are confident in the reliability of the information included within the report.

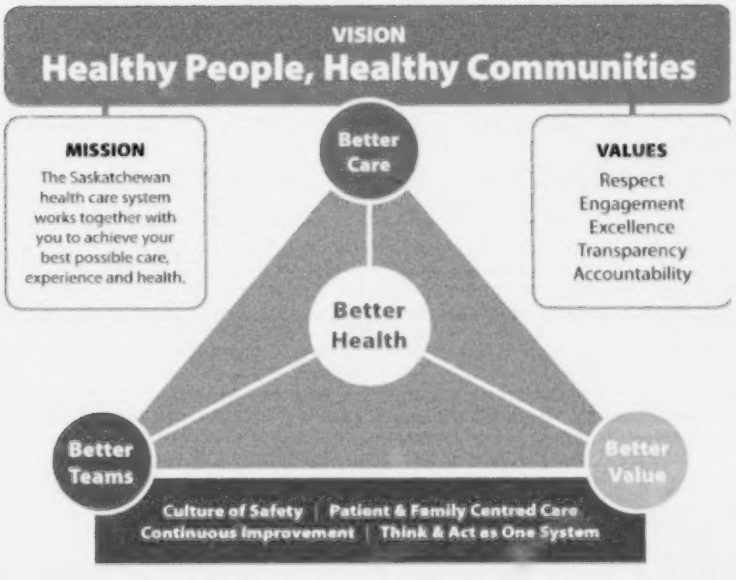
Regional breakthrough initiatives in support of provincial hoshins, along with the reduction of sick time and wage-driven premiums, are core performance areas in which the RHA seeks improvement and make up the selection rationale for the critical aspects of performance on which to focus. Data is available from regionally designed measurements and metrics.

# ALIGNMENT WITH STRATEGIC DIRECTION

# ALIGNMENT

**The Keewatin Yatthé Regional Health Authority's mandate, mission and principles are aligned to support the regional and provincial directions of better health, better care, better value, better teams.**



# STRATEGIC DIRECTION AND GOALS

**PROVIDING FOR REGIONAL** residents living in communities scattered across northwest Saskatchewan, the Keewatin Yatthé Regional Health Authority (KYRHA) administers a patient-oriented health-care delivery system focused on wholistic health and well-being.

**Acting as One**
**for**
**Better Health,**
**Better Care,**
**Better Teams**
**and Better Value**

## Mandate

Within a context of accountability to the Creator, KYRHA's mandate is drawn from:

- **Legislation**: Relevant federal and provincial acts and statutes;
- **Ministry of Health**: Policies and procedures;
- **Community**: Priority issues defined by community;
- **Partnerships**: Developed and maintained by the regional health authority.

## Mission

***Wholistic Health***
***of Keewatin Yatthé Health Region Residents***

Wholistic health is:

- **Inclusive**: Individual, family, community, region and the world at large;
- **Balanced**: Physical, mental, emotional and spiritual wellness;
- **Shared**: Personal health is tied to family / community health – as community / family health is tied to personal health;
- **Responsible**: Individuals make better health decisions for themselves and their families, and participate more fully in community;
- **Focused**: Improvement of health and wellness for all;
- **Unified**: Only one option – Working together.

Saskatchewan Health Regions

## Principles

Adults — supported by extended family and local community — are responsible for their own health. To assist individuals, families and communities develop the knowledge, skills, abilities and resources to carry out this responsibility, KYRHA will act in accordance with the following principles:

- Show respect as a foundation for working together;
- Focus on healthy communities by emphasizing factors that build healthy individuals and families;
- Focus on healing in our own lives and in the lives of individuals, families and communities;
- Recognize in our programs, services and activities that spiritual healing is a significant component of wholistic healing, and support individual and family approaches to spiritual healing;
- Strive to create an attitude of responsibility and self-reliance in our people, our families and our communities;

- Support, strengthen and build upon skills, knowledge and energy of board, staff and the people of the Region so that we can work together towards our full health potential;
- Build on strengths, transform weaknesses and not violate our potential;
- Strive to meet the needs of people in our decisions, programs and activities;
- Encourage and support healing initiatives of our people, families and local communities;
- Support community caring and traditional strengths in programs and activities;
- Utilize the skills, talents and abilities of local people as much as possible in all initiatives, programs and activities;
- Build on existing community-based services;
- Strive for excellence in quality of care, in the quality of workplace and in the qualifications, skills and attitudes of staff, no less than can be found in any jurisdiction, anywhere;
- Remain committed to developing and encouraging a spirit of co-operation with northern health partners to enhance health outcomes at the regional and local levels.

## Values

KYRHA maintains and promotes respect as a primary organizational value and building block for the successful achievement of our wholistic health goals and objectives. By reflecting organizational values in daily actions, Keewatin Yatthé's 350-plus employees create a healthy work environment -- the starting point for delivery of best care and services to residents of the Region.

- **Mutual respect**: Reflect high regard for unique abilities, talents, feelings and opinions of others;
- **Personal integrity**: Undertake one's duties and responsibilities openly, respectfully and honestly;
- **Self-belief and courage**: Meet challenges with confident ability and take responsibility with courage and conviction;
- **Collaborative work**: Build productive relationships with co-workers and stakeholders;
- **Accountability**: Take ownership in achieving desired results;
- **Empathy and compassion**: Practise non-judgmental listening and support that reflects caring and sensitivity in interactions with colleagues, patients, stakeholders and residents;
- **Honesty and trust**: Be straightforward, open and truthful. Take responsibility for one's actions.

## Community Priorities

Within the scope of our mandate, mission and principles, issues-driven, community-identified priorities shape the health authority's strategic direction. These priorities fall into four areas:

- **Community healing** – including denial, unwillingness or reluctance to face problems or take action, to identify issues, to develop and implement solutions or volunteer; as well as lack of trust and issues of violence, poverty, housing and teen pregnancy;
- **Individual and family healing** – including parents unable to care for and nurture children, high levels of family breakdown and the decline of the family unit; lack of respect between generations; reliance on health workers to provide what should be considered self-care;
- **Program planning and implementation** – including diabetes and complications from the disease; sexually transmitted infections; mental health and addictions; retention of medical health professional services; support for the elderly; information and emphasis on spiritual wellness;
- **Existing activities and service outcomes** – including empowering people to take responsibility for their own health as opposed to creating dependence; greater teamwork between service providers; jurisdictional issues between treaty and non-treaty people, and among health services across the north; lack of understanding of the role of the Board of Directors.

**WITH DIFFERING NEEDS** to its older counterparts, the Region's predominately younger population factors into management decisions about strategy. Beyond the direct mandate that the RHA addresses, social determinants can similarly shape strategic direction and require external partnerships to begin to effect better health outcomes.

## Population

KYRHA's population remains young compared to the province, with 28 per cent of the population less than 15 years of age and only seven per cent older than 65 years. More than 90 per cent (93.5%) of the population self-identify as aboriginal.

In 2014, the Keewatin Yatthé and Mamawetan Churchill River Regional Health Authorities, as well as the Athabasca Health Authority, had some of the highest "dependency ratios" of all health regions in Canada. The dependency ratio compares the number of youth younger than 20 and elders older than 65 years of age with the "working" population of 20-64 years. Regions with high dependency ratios indicate economically stressed areas.

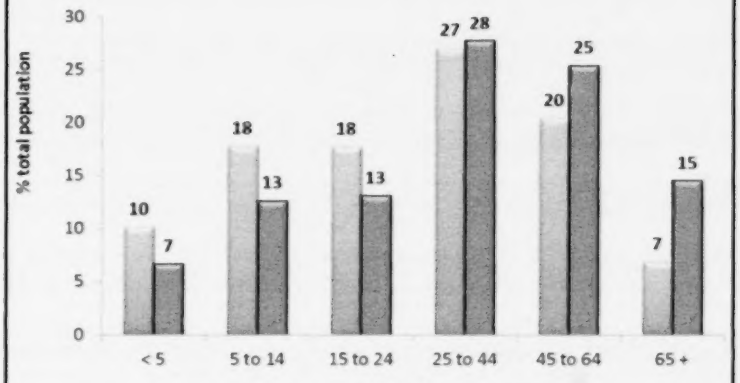
## Social Determinants of Health

KYRHA has almost three times the proportion of dwellings requiring major repair, and almost five times the rate of crowding, having more than one person per room, compared to the province.

The median after-tax income of people living in the Keewatin Yatthé Health Region is $17,320, which is almost $12,000 less than the provincial median.

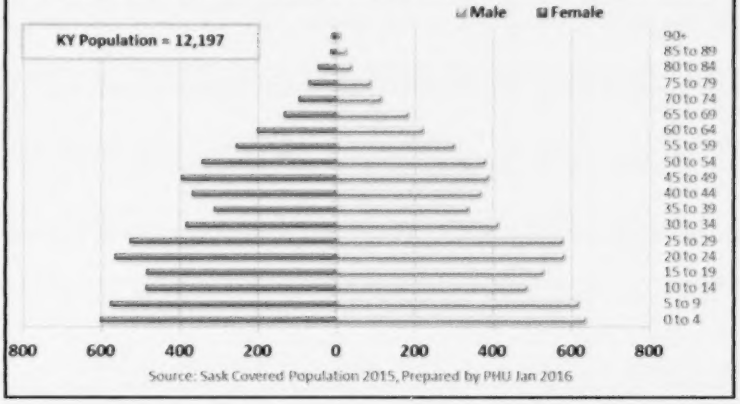
Approximately half (51.5%) of the Keewatin Yatthé Health Region population aged 25-29 years graduated high school compared to the province's 84.5 per cent.

**Population by Age Group, KY and Saskatchewan, 2015**



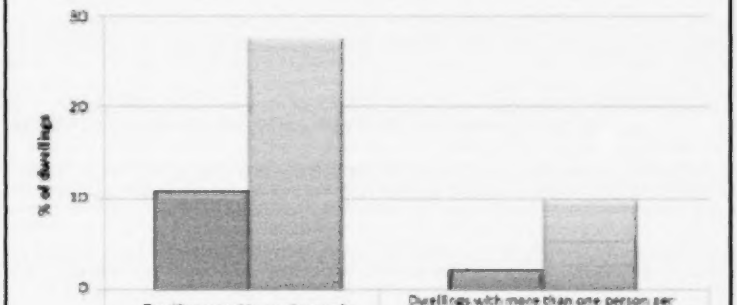

Source: Sask Covered Population 2015, Prepared by PHU Jan 2016

**Population Pyramid by Age and Sex, Keewatin Yatthé 2015**




Source: Sask Covered Population 2015, Prepared by PHU Jan 2016

**Occupied Private Dwellings Chararistics and Crowding in Homes Keewatin Yatthé and Saskatchewan**




Source: Statistics Canada 2011 NHS Health profile Catalogue no. 82-228-XWE, Prepared by PHU May 2014

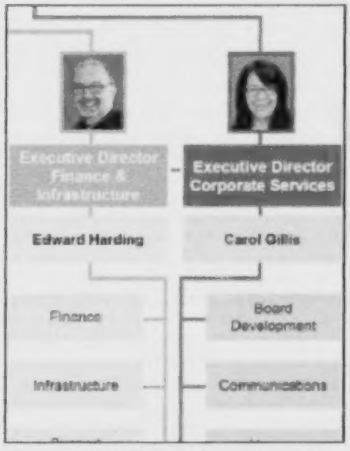
# KYRHA OVERVIEW

## Management

The 2015-16 fiscal year saw many organizational and personnel changes, from key positions being filled to more familiar faces taking up new roles.

Among the most noteworthy additions was the recruitment of a Mental Health and Addictions Director. The addition branches off from the previous year's breakthrough that saw mental health and addictions (MH&A) become integrated into primary care.

Health Services was also able to secure two Director positions for the Acute Care and Clnical Services departments in both La Loche and Ile a la Crosse. As well, the Executive Director of Health Services became responsible for the Director of Population Health on an interim basis. The recruitment of a Director for La Loche and appointment of a Director of Acute Care and Clinical Services with a nursing background in Ile a la Crosse were moves toward quality improvement.




**See full KYRHA organizational chart in report appendices on page 66.**

Additionally, the organization hired a Director of Community Development and Health Promotion, as well as a Communications Director toward year-end. Meanwhile, a new Patient Care Co-ordinator was appointed to manage and co-ordinate the day-to-day operations related to patient-care services in Acute Care and Emergency, as well as for long-term care residents.

Several other positions were filled, including in IT, springing a software and hardware upgrade across the Region.

## Staff Engagement

Building on a regional commitment to quality and saftety, the level of staff engagement was measured with the Engagement-Driver Survey in 2014. The results from that survey were revealed in the last fiscal year, yielding 65 responses in total.

Engagement-Driver Surveys measure commitment by asking questions relating to whether employees consistently say positive things about the Region, are intending to stay with the Region and strive to exceed the expectations of their current role.

Eighteen areas, known in the survey as "drivers," influence employee engagement. Examples of drivers are "People," "Total Rewards," "Procedures," "Quality of Life / Values," "Opportunities" and "Work / Motivation."

In terms of overall engagement, 40 per cent of the responses within our Region are considered to be engaged.

However, our Region recorded much more positive results when it came to striving to exceed expectations. Forty-six percent of our employees are inspired to do their best work every day, and 43 per cent are motivated to contribute more than is normally required to complete work.

Opportunities for improvement were revealed in areas including Corporate Social Responsibility, Senior Leadership and Recognition, among others, which spurred the action to develop a routine visitation schedule for Senior Leadership to regularly meet with staff across the Region. There was also a renewed commitment to staff appreciation.

The well-being of patients relies heavily on the commitment of their caregivers. Results of the Engagement-Driver Survey have provided foundational data for Senior Leadership and managers to make informed decisions about the necessities to keep staff engaged and committed to ensure safety in offering the best care possible. That feedback will strengthen our understanding of what areas need to be addressed and prioritize accordingly.

# PATIENT SAFETY

April 1, 2015 - March 31, 2016

**Definition of an Occurrence**

- An event inconsistent with routine, client, patient or resident care.
- An injury or potential injury to a client, patient, resident, visitor, physician or contractor.
- Damage / loss, or potential damage / loss, of equipment or property.
- Equipment malfunction or failure that did, or had the potential to, result in harm to a person.

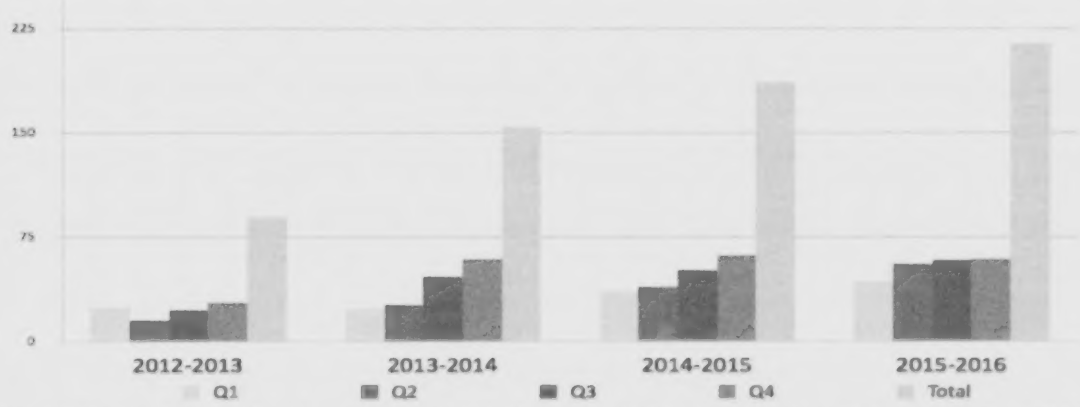
| Patient Safety Occurrences | Q1 | Q2 | Q3 | Q4 | Year |
|---|---|---|---|---|---|
| Falls | 7 | 14 | 25 | 9 | 55 |
| Medication | 6 | 11 | 12 | 21 | 50 |
| Other | 29 | 30 | 21 | 29 | 109 |
| **Total** | **42** | **55** | **58** | **59** | **214** |

**Incidents are rated according to severity and risk to the consumer or Region**

- Code 1: No known injury. No clinical significance
- Code 2: Minor injury requiring basic first aid or short time monitoring. Action to rectify must be noted.
- Code 3: Adverse outcome or significant potential for adverse outcome. Serious incident where the potential for litigation is through to be prevalent.
- Code 4: Tragic Incident. Unanticpated death or potential of major loss of function or major injury.
- Unknown: Code not documented.

| Codes by quarter | Q1 | Q2 | Q3 | Q4 | Year |
|---|---|---|---|---|---|
| Code 1 | 19 | 25 | 22 | 20 | 86 |
| Code 2 | 8 | 15 | 24 | 23 | 70 |
| Code 3 | 7 | 15 | 12 | 16 | 50 |
| Code 4 | - | - | - | - | - |
| Unknown | 8 | 0 | 0 | 0 | 8 |
| **Total** | **49** | **56** | **63** | **78** | **214** |

**Patient Safety Occurrences** - Four-year comparison by quarter




Rising occurrence numbers parallels a growing awareness of the importance of reporting, driven by increased staff training and a streamlining of the reporting process.

**IMPLEMENTATION OF PROGRAMS AND** entering evidence on the online portal helped KYRHA to meet Accreditation Canada's follow-up requirements detailed in the June 2015 Supplementary Survey.

Maintaining "Accredited" status is a testament to the progress that has been – and is continuing to be – made by Accreditation team leads and members in our Region.

Defined criteria prepared by Accreditation Canada are used to rate our Region's performance in a well-rounded way. Our organization received a rating of "Met" in 10 of the 13 criteria tested for the June 2015 Supplementary Survey.

Accreditation
Accreditation maintained November 2015
Full Site Survey May 2017
Accreditation with Conditions Sept 2010
Supplementary Survey June 2015
Self Assessment Work Life Pulse June 2012
Follow-up Requirements Met November 2014
Site Visit May 2013
Quality Performance Roadmap October 2014
Accreditation with Reports & Visits June 2013
Follow-up Requirements Met June 2014
Focus Visit May 2014
Quality Performance Roadmap October 2013
CONTINUOUS IMPROVEMENT

In fact, KYRHA recorded unblemished results in four areas, including Governance, Infection Prevention and Control, Emergency Department and Emergency Medical Services.

For Governance, KYRHA ensures the governing body receives required information in advance of making decisions. The governing body also reviews the organization's fiancial performance in relation to the strategic plan. Lastly, the governing body routinely assesses its own functioning.

In terms of Leadership, our organization's leaders require, monitor and support service, unit or program areas to monitor their process and outcome measures that align with the strategic goals and objectives.

Staff store, prepare and handle food appropriately, while the organization stores and handles linens, supplies, devices and equipment in a way that avoids contamination, meeting Infection and Prevention Control criteria.

In the Emergency Department, our team quickly recognizes overcrowding and follows protocols to move clients elsewhere within the organization. The team is also trained to identify and manage physically threatening or violent clients.

Our Emergency Medical Services team follows standard process when responding to hazardous materials incidents, and in the area of Public Health, our organization has processes in place to promptly detect, respond to and contain any disease or outbreak.

To not only maintain but handily achieve "Accredited" status demonstrates our commitment to meeting national standards in health care. Furthermore, it signals our organization's dedication to improving health outcomes and health-system performance.

Integral to our success is precisely that focus on aspects like patient and staff safety, and creating community partnerships.

However, a necessity in maintaining success is having the will to improve – and continuous improvement is exactly what we strive for as an organization. We must appreciate where we are but move onwards as well.

We will continue to set goals, gather data and observe metrics in our pursuit of ensuring quality and safety in our deliverance of care and services ahead of the full-site visit in May 2017.

**QUALITY HEALTH-CARE PROGRAMS** and services are provided across the Region through:

- Two integrated health centres: Ile a la Crosse and La Loche;
- Three Primary-Care centres: Beauval, Buffalo Narrows and Green Lake;
- Six outreach and education sites: Cole Bay, Jans Bay, Michel Village, Patuanak, St. George's Hill and Turnor Lake.

## ★ Integrated Health Centres

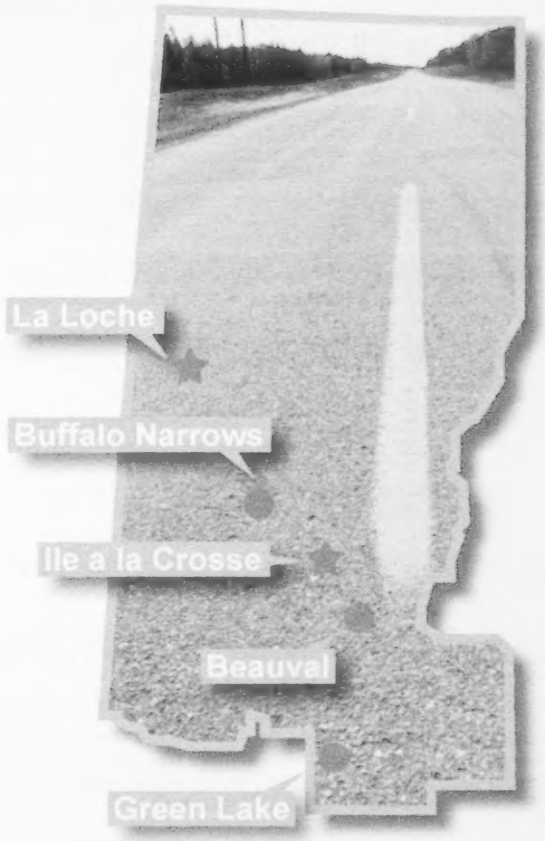
Integrated facilities offer a variety of health-care programs and services, including:

- Emergency care;
- Acute Care;
- X-ray and lab;
- Physician / medical health clinic;
- Public health clinic;
- Home Care;
- Long-Term Care;
- Inpatient social detox;
- Mental health and addictions;
- Community Outreach and Education Worker;
- Dental therapy;
- Physical therapy;
- Community health development programs.

## ● Primary-Care Clinics

Primary-Care clinics offer 24/7 on-call RN coverage and emergency medical services.

- **Beauval**
  - Physicians services (two days a week);
  - Nurse Practitioner;
  - Public Health Nurse;
  - Home-Care Licensed Practical Nurse;
  - Special care / home health aids;
  - Community Mental Health RN;
  - Dental Therapist;
  - Addictions Counsellor;
  - Emergency Medical Services;
  - Community Outreach & Education Worker;
  - Community health development programs.




- **Buffalo Narrows**
  - Physicians services (four days a week);
  - Nurse Practitioner;
  - Home-Care Licensed Practical Nurse;
  - Special care / home health aids;
  - Public Health Nurse;
  - Emergency Medical Services;
  - Community Outreach & Education Worker;
  - Dental Therapist;
  - Addictions counsellor;
  - Mental Health Therapist;
  - Medical transportation;
  - Community health development programs.

- **Green Lake**
  - Registered Nurse / Public Health and Home-Care Nurse;
  - Community Outreach & Education Worker;
  - Home-Care Co-ordinator.

## Outreach and Education Sites

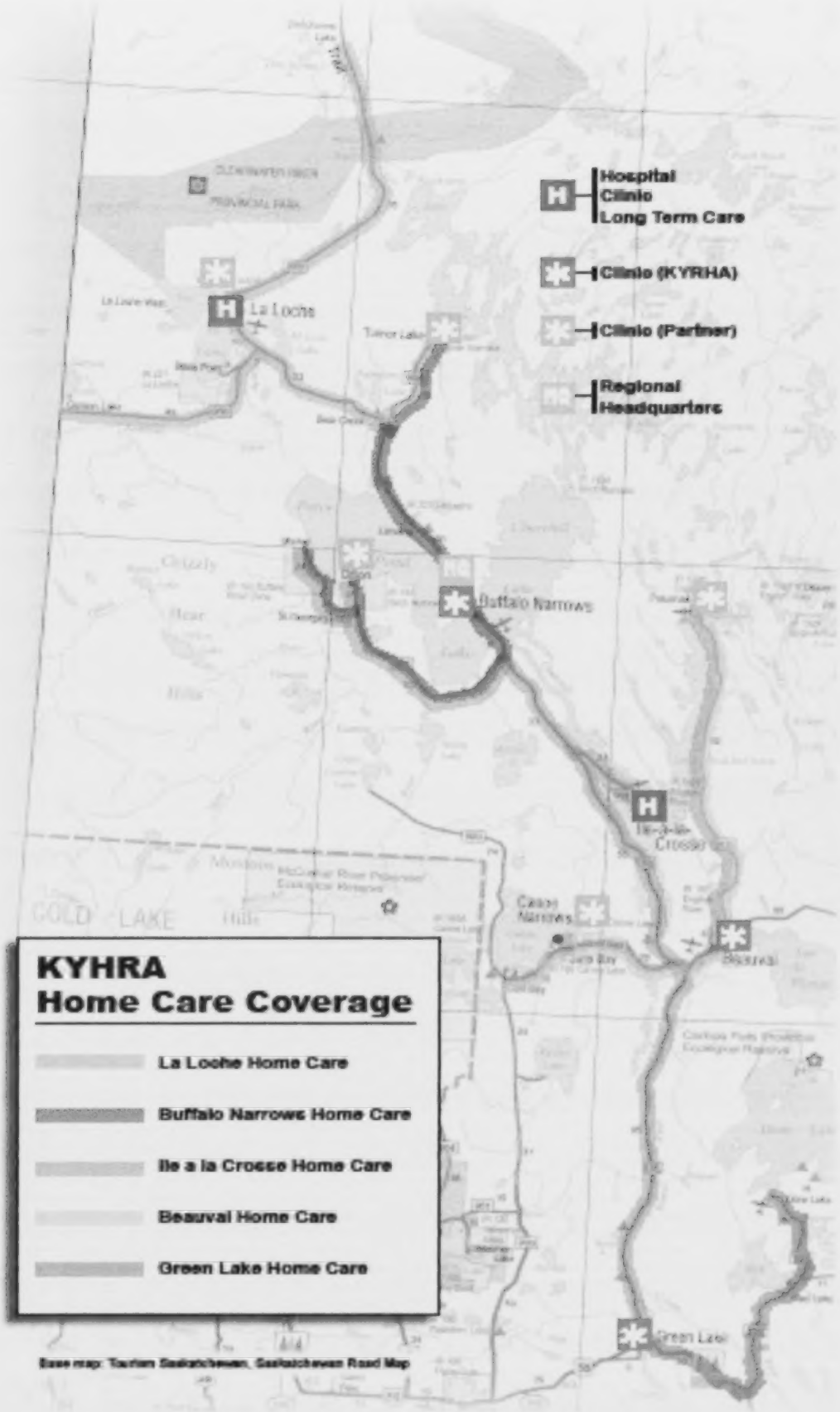
Community Outreach and Education Workers (COEWs) provide service to Cole Bay, Jans Bay, Michel Village, Patuanak, St. George's Hill and Turnor Lake, promoting individual, family and community health through a variety of programs and workshops. Community members are helped to understand and make use of health services and clinics, as well as advised of available health resources and benefits.

## Programs

Available to Region residents:

- **Addictions counselling education**
  Client eduction on the effects of alcohol and drug abuse, including one-on-one counselling, follow-up support and home visits;
- **Community diabetic education**
  Counselling for diabetics and those at risk of developing diabetes, as well as prevention through education;
- **Community outreach and education**
  Help to understand and make use of community health services and clinics; information on health resources and benefits;
- **Dental clinic**
  Provides and promotes dental care; primary teeth extraction, cavities and fillings; open to children up to the age of 17;
- **Dietitian**
  One-on-one diet counselling and prevention of diseases through education;
- **EMS** - 24-hour emergency services;
- **Home-Care Services**
  Services ensuring quality of life for people with varying degrees of short- and long-term illness or disability and support needs; including palliative, supportive and acute care;
- **Mental health therapy**
  Services and interventions for individuals, families, groups and communities experiencing significant distress or dysfunction related to cumulative stress, situational difficulties or difficulties related to biochemical disorders;
- **Nutritionist**
  One-on-one nutrition counselling; prevention of diseases through education;
- **Public health nursing**
  Prenatal / postnatal care, immunizations, school programs and health teaching;
- **Public health inspection**
  Health regulations assessment / monitoring;
- **Travel co-ordination**
  Travel arrangements for patients seeing specialists who have no other means of access.

**Beauval Clinic**


Hospital
Clinic
Long Term Care
Clinic (KYRHA)
Clinic (Partner)
Regional Headquarters
La Loche
Buffalo Narrows
Ile a la Crosse
Canoe Narrows
Beauval
Green Lake
KYHRA
Home Care Coverage
La Loche Home Care
Buffalo Narrows Home Care
Ile a la Crosse Home Care
Beauval Home Care
Green Lake Home Care
Base map: Tourism Saskatchewan, Saskatchewan Road Map

## Population Health Unit

The Northern Saskatchewan Population Health Unit is unique in the province. It is a major collaborative initiative of the Athabasca Health Authority (AHA), Keewatin Yatthé Regional Health Authority (KYRHA) and Mamawetan Churchill River Regional Health Authority (MCRRHA), formalized through a Co-Management Partnership Committee memorandum of understanding. The population is approximately 40,000 within a geographical area of 307,180 square kilometres, almost half the province.

The Population Health Unit (PHU) is responsible for health surveillance and health status reporting; health protection and disease control, including enforcement, as mandated by The Public Health Act, 1994 and related regulations. In addition, the Unit has a role in population health consultation and advice; population and public health program planning and evaluation; and population health promotion, including: healthy public policy, community development and health education.

The team includes:

- A Medical Health Officer and Deputy Medical Health Officer;
- An Environmental Health Manager, Public Health Inspectors and Environmental Health Protection Co-ordinator;
- A Nurse Epidemiologist;
- A Communicable Disease / Immunization Co-ordinator, TB Outreach Nurse, HIV Nurse Specialist and Community Case Workers;
- Infection Prevention and Control Practitioners (one northern and one provincial position);
- A Dental Health Educator / Technical Consultant, Public Health Nutritionist and Population Health Promotion Co-ordinator;
- A Unit Director and Administrative Support Staff.

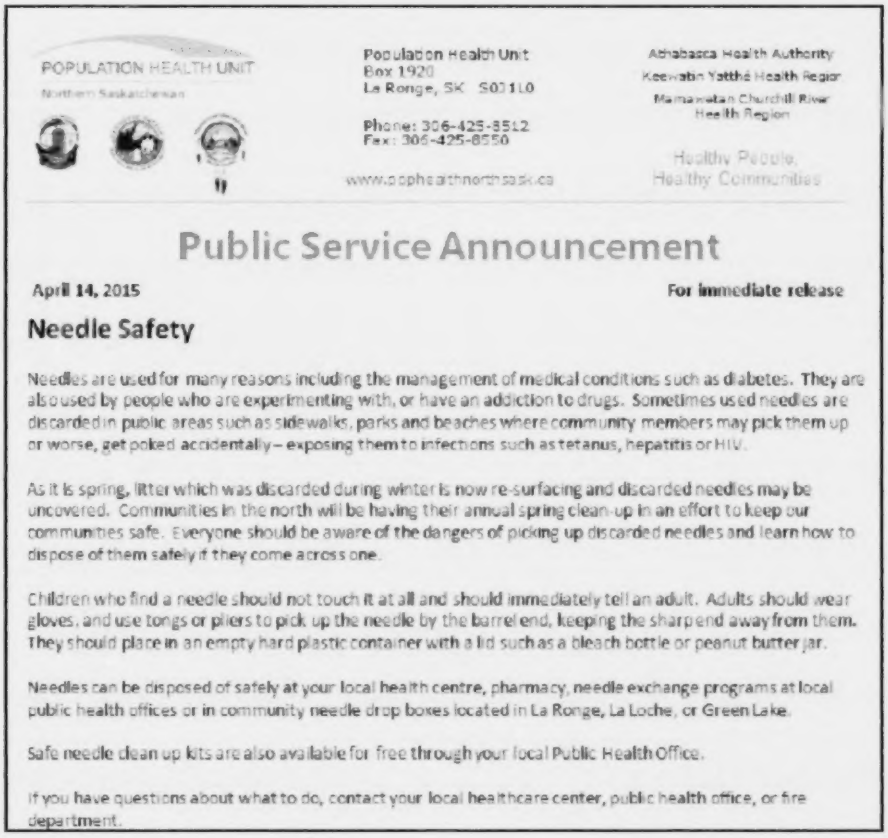
The Population Health Unit takes a leadership role in the Northern Healthy Communities Partnership (NHCP), a network of organizations working to improve the health of people in the region by influencing the conditions in which they live, learn, work and play. In 2015-16 the Healthy Eating Team of NHCP expanded its School Nutrition Mentorship Project to now support 15 schools on and off reserve to provide nutritious foods to students. This project was showcased at the fall first National School Food Conference. NHCP's Babies, Books and Bonding program distributed approximately 2,500 children's books at immunization clinics to promote language and literacy development among young children. Ongoing NHCP projects include efforts to promote physical activity, to support maternal tobacco cessation and youth tobacco reduction, and to reduce risk-taking behaviour among young people through positive youth development. The NHCP Building Vibrant Youth team began a video production project in followup to last year's Northern Youth Role Model Campaign. The Northern Tobacco Strategy team engaged a social-marketing firm to build capacity in social marketing targeted at youth tobacco reduction.

PHU staff supported the Northern Health Conference in September 2015 through several presentations on Healthy Living in Northern Saskatchewan, the Northern Healthy Community Partnership role in Health Promotion, and on a panel on tuberculosis and HIV in northern Saskatchewan. At the Northern Health Conference, there was the public release of the northern Saskatchewan HIV Awareness initiative including the mobile app on "Health Is Vital," and various promotional materials.

In 2015-16, the Population Health Unit participated in the provincial and northern STI, HIV and high incidence TB strategies, in collaboration with the three northern health authorities and the Northern Inter-Tribal Health Authority. Scattered Sites, a community-based organization, was

funded for harm reduction programming in one community. Several outreach events in northern communities were successful in providing education, social support, flu shots, TB testing, and building relationships with people living at risk.

The Environmental Health program improved both scheduled inspection completion rates and demand service response in 2015-16. More than 93 per cent (331/355) of Category I facilities in the three northern health authorities were inspected at least once. Public Health Inspectors did not inspect 100 per cent of these facilities in part due to forest fires and travel logistics. Several other facilities were moved to a biennial inspection schedule based on risk assessment. We expanded our program to include tobacco retailing and tanning facility monitoring. We made progress in developing our emergency management and preparedness role and developed our website to improve client access to service and information.



POPULATION HEALTH UNIT
Northern Saskatchewan

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www.pophealthnorthsask.ca

Athabasca Health Authority
Keewatin Yatthé Health Region
Mamawetan Churchill River Health Region

Healthy People, Healthy Communities

Public Service Announcement

April 14, 2015 — For immediate release

Needle Safety

Needles are used for many reasons including the management of medical conditions such as diabetes. They are also used by people who are experimenting with, or have an addiction to drugs. Sometimes used needles are discarded in public areas such as sidewalks, parks and beaches where community members may pick them up or worse, get poked accidentally – exposing them to infections such as tetanus, hepatitis or HIV.

As it is spring, litter which was discarded during winter is now re-surfacing and discarded needles may be uncovered. Communities in the north will be having their annual spring clean-up in an effort to keep our communities safe. Everyone should be aware of the dangers of picking up discarded needles and learn how to dispose of them safely if they come across one.

Children who find a needle should not touch it at all and should immediately tell an adult. Adults should wear gloves, and use tongs or pliers to pick up the needle by the barrel end, keeping the sharp end away from them. They should place in an empty hard plastic container with a lid such as a bleach bottle or peanut butter jar.

Needles can be disposed of safely at your local health centre, pharmacy, needle exchange programs at local public health offices or in community needle drop boxes located in La Ronge, La Loche, or Green Lake.

Safe needle clean up kits are also available for free through your local Public Health Office.

If you have questions about what to do, contact your local healthcare center, public health office, or fire department.

**PSA: The Population Health Unit issues advisories alerting northern residents to situations that may affect their health and offers actions to take under those circumstances.**

During the La Ronge evacuation due to forest fires in July 2015, the Population Health Unit set up a virtual office for needed public health work for residents still in the north and for those who were evacuated. PHU staff assisted at evacuation centres during this time; provided essential public health services related to infection control and communicable disease control; participated in debriefs and reviews of the summer forest fire evacuations across the north; updated the forest fire evacuation and smoke assessment guidelines for health-care workers; prepared community fact sheets on health impacts of forest fire smoke and reducing your risk, being prepared for the forest fire season, and considerations for returning home after an evacuation; and provided guidance to facilities and communities preparing for the return of evacuated citizens.

The Population Health Unit was involved in environmental assessment projects at various stages. These reviews are part of our work with the Saskatchewan Environmental Assessment Review Panel (SEARP). As of March 2016, there are four active environmental assessments occurring in the three northern health authorities. The PHU continues to support and assist with various environmental monitoring initiatives related to various types of developments.

The Northern Saskatchewan Prenatal Biomonitoring Project for environmental chemicals is continuing through a partnership with the Saskatchewan and Alberta Ministries of Health, and Northern Inter-Tribal Health Authority. During 2015-16 year, analysis was completed and report writing occurred with final completion and dissemination planned for 2016-17.

The PHU Medical Health Officer, as a member of the Northern Mines Monitoring Secretariat, supported the work of the Northern Saskatchewan Environmental Quality Committees (NSEQC) and assisted with a Uranium 101educational workshop for the NSEQC members.

The Population Health Unit assesses health research proposals for Northern Saskatchewan to ensure that they follow quality, safety and ethical guidelines. In 2015-16, the northern health authorities approved 11 research projects and provided letters of support for three others. Two other research projects were started in the process this fiscal year.

In 2015-16, we began developing a new approach to provide Internet-based Health Indicator reports as new data becomes available. The first sections will be released early in 2016-17.

## Northern Medical Services

Northern Medical Services (NMS) serves KYRHA with two models of care. La Loche is served by six full-time equivalent physician positions each contributing 26 weeks of service per annum. These are itinerant services, with travel to outlying clinics. KYRHA provides a duty vehicle for weekly clinics serving Birch Narrows and Turnor Lake. The health region also provides clinic space, support and accommodations, while Northern Medical Services is responsible for recruitment, continuity of service, reimbursement and travel. Ile a la Crosse is served by six full-time equivalent salaried positions and an NMS clinic with six administrative staff. Itinerant services are provided to Beauval, Buffalo Narrows, Dillon and Patuanak.

## Prairie North IT

Prairie North Regional Health Authority, through contractual agreement, provides information technology (IT) services to KYRHA that include:

- Technical support services
- Application hosting services
- Data centre services
- Projects
- Networks

With all service requests initially logged through the eHealth service desk (Tier 1), as required these requests are escalated to Prairie North IT (Tier 2) for resolution in a prioritized manner. The Prairie North Tier 2 support team consists of specialists in network and systems management, Windows servers, desktop support, IT security, database administration and application maintenance and support. These specialists focus on using proactive tools and processes designed to reduce the number of infrastructure trouble calls while minimizing the downtime associated with trouble events when they do occur.

## Health-Care Organizations

Health-care organizations, for-profit and non-profit, receive funding from the RHA to provide health services. Two such organizations provide services within KYRHA:

- Meadow Lake Tribal Council (MLTC) provides after-hours nursing coverage for adjacent communities; funding to MLTC for provision of these services has been increased:
  - Community Health Development works in partnership with MLTC on a health services integration, focusing on the coordination of mental services and addictions between the two health systems;
  - Also working in partnership with MLTC to develop and deliver a health-information / self-management guide.
- Ile a la Crosse Friendship Centre runs the Successful Mothers Program that helps give children the best possible start in life.

## General Bylaws

Based on a review of general bylaws used in other jurisdictions, board-approved general bylaws include concepts from best practice in corporate governance and are developed and enacted to:

a. Provide an administrative structure for the governance of the affairs of the board;
b. Promote the provision of quality health-care services;
c. Improve the health standards of the residents of the health region through the provision of quality health services.

## Board Education

Board members participated in the Health Director Education & Certification Program, designed to ensure Saskatchewan directors have the skills, knowledge, attitude and capabilities to fully contribute to the pursuit of excellence in corporate governance in the health sector.

The director certification program is comprised of separate two-day long modules plus a comprehensive exam, and it has been designed to ensure that each director has the ability to take all components of the governance training program over a period of approximately two years.

At the completion of this program, directors will possess:

- Skills and competence required to fulfill their roles as board members in the health sector;
- Excellent knowledge of the function of corporate governance and how it operates within their organizational structure;
- Good knowledge of finance specific to the Saskatchewan health sector and the tools and know-how to use financial information appropriately;
- Good understanding of their own personal strengths and weaknesses, and be able to continually develop themselves to meet their future needs.

## KYRHA BOARD MEMBERS

Tina Rasmussen
(Chair) Green Lake

Bruce Ruelling
(Vice-Chair) La Loche

Elmer Campbell
Dillon

Barb Flett
Ile a la Crosse

Patty Gauthier
Beauval

Kenneth (Tom) Iron
Canoe Lake

Myra Malboeuf
Ile a la Crosse

Peter Laprise
Buffalo Narrows

# PROGRESS 2015 - 2016

Using Saskatchewan Health-Care Management System Lean principles and tools, KYRHA 2015-16 continuous quality improvement focused on Better Health, Better Care, Better Teams and Better Value — on delivering safe, patient and family centred programs and services, aligned with provincial strategic priorities and reflective of regional needs.

KYRHA undertook two breakthrough projects (hoshins) in 2015-16:

- Achieving a culture of safety, with a goal of no harm to patients (falls) or staff (inappropriate behaviours);
- Developing a northern definition of primary health care and an understanding — from a resident's perspective — of the programs and services required to meet unique northern needs.

## High-Level View

During annual Catchball midway through the 2015-16 hoshin cycle, a cross-functional KYRHA improvement team made up of board members, the CEO, executive directors, directors, in- and out-of-scope managers, the deputy medical health officer, physicians and population health representatives was asked to reflect on the state / status of RHA efforts to achieve provincial targets — measuring progress along a timeline from not started to implemented. While subjective, the results (Table 1: Improvement Target Timeline) reveal a broad range of opinion, both to position along the timeline as well as agreement on that position. Communication — lack of information about provincial targets and / or regional plans or actions to achieve those targets — was cited most often by respondents for difficulty placing the region along the timeline and agreeing on that placement.

Improvement Target Timeline
Culture of Safety
1.1. By March 31, 2016, fully implement a provincial Safety Alert/Stop the Line (SAVSTL) process throughout Saskatchewan.
1.2. By March 31, 2018, all regions and the Cancer Agency will implement the six elements of the Safety Management System (SMS).
1.3. By March 31, 2019, all regions and the Cancer Agency receive a 75% evaluation score on the implementation of the elements of the Safety Management System.
1.4. By March 31, 2019 there will be zero shoulder and back injuries.
ED Waits and Patient Flow
2.1. By March 31, 2017, the length of stay (LOS) in the ED for 90% of admitted patients will be <= 18.3 hours (from the time a patient arrives in the ER to the time they are admitted to a bed).
2.3. By March 31, 2017, patient profile/community care strategy will be developed for ALC and complex frail elderly population.
Mental Health and Addictions
3.1. By March 31, 2017, meet triage benchmarks for contract and salaried psychiatrists 30% of the time and for outpatient mental health and addiction services 85% of the time.
Primary Health Care
4.1. By March 31, 2017, a 50% improvement in the number of people who say 'I can access my PHC Team for care on my day of choice either in person, on the phone or via other technology.'
4.2. By March 31, 2017, 45% of patients with 4 common chronic conditions (diabetes (DM), coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), and congestive heart failure (CHF)) are receiving best practice care as evidenced by the completion of provincial templates available through approved electronic medical records (EMRs) and the eHR viewer.
Seniors
5.1. By March 31, 2017, 100% of Saskatchewan long term care facilities meet the benchmark targets established for the seven quality indicators.
5.4. By March 31, 2017, there will be a 10% increase in resident satisfaction.
5.5. By March 31 2017, 67% of long-term care facilities will have implemented Purposeful Rounding.
Appropriateness / Best Practice
6.1. By March 31, 2017, there will be two or more clinical areas that have deployed care standards at a provincial level.
Budget
6.1. All health system partner organizations will be in a balanced or surplus year-end financial position in 2016-17.

**Table 1.** In December (2015), during annual Catchball, an improvement team reflected on the state/status of RHA efforts to achieve provincial targets — measuring progress along a timeline from not started to implemented. Narrower bars indicate greater agreement, while wider bars indicate greater difference of opinion. Lack of information about provincial targets and or health region plans or actions to achieve targets was most often cited for differing opinions.

## Barriers to Progress

Using Lean continuous improvement principles for the purpose of guiding quality-improvement work, KYRHA worked to move from the once familiar "firefighting" approach, reactively addressing issues, to a managed and measured approach of planned proactive actions — based on and aligned to strategic direction. 2015-16, however, proved to be fire-fighting year, literally, with mass evacuation of northern residents due to forest fire — the first of several issues forcing the region to operate in emergency-management mode. Critical staffing shortages that threatened or forced service and facility closures, a tragic school shooting incident in the Northern Village of La Loche, as well as a virulent flu season that incapacitated residents and staff alike, kept Emergency Operations Centres open for days at a time, with new EOCs opening barely before old were closed.

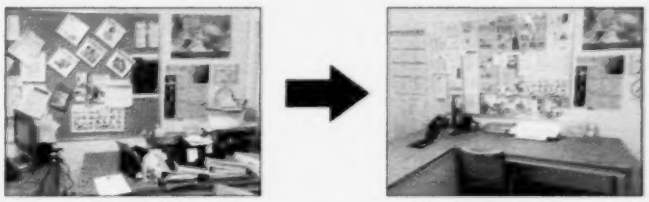
Another serious barrier to progress involved the Kaizen Promotion Office. The regional driver of quality improvement planning and delivery, was short-staffed throughout the period, operated single-handedly by a director tasked with additional non-KPO critical responsibilities.

## Training

Building on the previous year's achievement of putting 17 leaders and managers through the Lean Leader Training certification process, KYRHA certified its first Lean Leader in the summer of 2015. Certification is the culmination of studying and applying Lean principles and tools like mistake proofing and rapid improvement process workshops (RPIWs), aligning with the provincial goal of delivering better health, better care, better teams and better value.

## Organization

Rather than wait to receive 5S training, the incoming Public Health Nurse in Green Lake identified an opportunity to improve care by re-organizing his workspace, sifting through boxes, discarding superfluous material and designating shelf space for each item.



**Before** **After**

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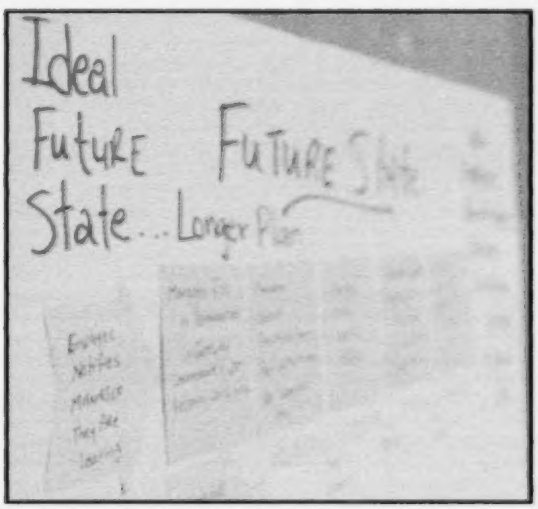
## Value-Stream Mapping the Hiring Process

**(March 2016)**

**Current State: 23 steps**




**Ideal Future State: Five steps**

**Five-year outcome: Achieve a culture of safety by March 31, 2020**

## Hoshin: Falls (No Harm to Patients)

### Problem

Clients and residents hurt as a result of falls — at home and in KYRHA care.

### Root cause

- Consistent use of a tool to assess risk for falls between departments;
- Lack of fall-prevention strategies consistently identified and used;
- Limited understanding of staff roles and responsibilities for fall prevention;
- Inconsistent referral of patients identified as high risk for falls to medical and / or specialist staff;
- Lack of safety / practice changes implemented after fall occurs.

### Plan of action

- Create and implement new clinical tools for fall risk assessment, prevention techniques (interventions) and post-fall management;
- Develop a process for standardized referral to physiotherapy on resident admission, and / or when identified at high risk for falls (Physiotherapy assessment will lead to a personalized exercise program for the resident);
- Develop and create standard work for a clear procedure for post-fall clinical management, reporting, investigation and followup.

## Hoshin: Inappropriate Behaviour (No Harm to Staff)

### Problem

Inappropriate behaviours between staff resulting in physical and psychological injuries lead to lost time and reduced client satisfaction with services offered.

### Root cause

- Environmental issues:
  - Confidentiality
  - Respect and trust
  - Stressful environment
  - Working in silos;
- Policy issues:
  - Access
  - Awareness
  - Clarity
  - Consistency in application;
- Process issues:
  - Communication
  - Documentation
  - Standard work and training
  - Timeliness;
- Staff Issues:
  - Commitment, motivation and accountability
  - Roles, responsibilities and expectations
  - Personality conflicts, cultural differences
  - Staffing levels, fatigue.

### Plan of action

- Create a huddle tool for supervisors to use to gauge staff morale;
- Develop an organizational (ORG) chart that clearly defines roles, connections and expectations;
- Introduce personality conflict training for managers and staff;
- Redesign staff recognition awards; begin to reward for productivity and performance excellence in care and service delivery in addition to recognizing longevity of service;

- Restructure the staff workplace incident reporting process to facilitate more timely flow; roll out with an introduction and staff training.

**Results:**

*Respectful Workplace - Inappropriate Behaviour Policy (effective April 2016)*

A new policy, outlining both employer and employee responsibilities for ensuring a workplace free of harassment, was implemented to prevent and stop harassment. KYRHA committed to:

- Providing employees with harassment-prevention training;
- Acting promptly to end harassment and prevent recurrence;
- Providing diversity and conflict resolution training, as well as effective management practices to clearly define tasks, roles and workload and to promote fairness in the workplace;
- Protecting workers from reprisal or retaliation for making a harassment complaint.

## Better Care

In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve health-care safety.

### Hoshin: Primary Health Care (Planning Hoshin)

**Problem**

- Lack of shared vision: What is primary health care (PHC)? What programs and services does it include? Regional staff and providers, physicians, communities and patients / families view PHC differently;
- Lack of understanding: What services are available across the region and in each community? What services are needed?;
- Limited understanding of population needs, with limited data and / or access to data to assess needs;
- Limited integration of services and lack of consistent referral processes;
- Limited transition support for patients travelling "south," as well as for repatriation support back to local provider team;
- No PHC-integrated electronic medical record — poor information sharing across patient-care teams.

**Root cause**

- Limited empowerment — over-reliance on organizational assistance rather than self-reliance;
- Federal / provincial jurisdictional issues leading to gaps in service — creating "cracks" with regional residents at risk of falling through;
- Not involving patient and family in care design — "Nothing about me, without me";
- Difficulty engaging patients / community members to learn about programs, services.

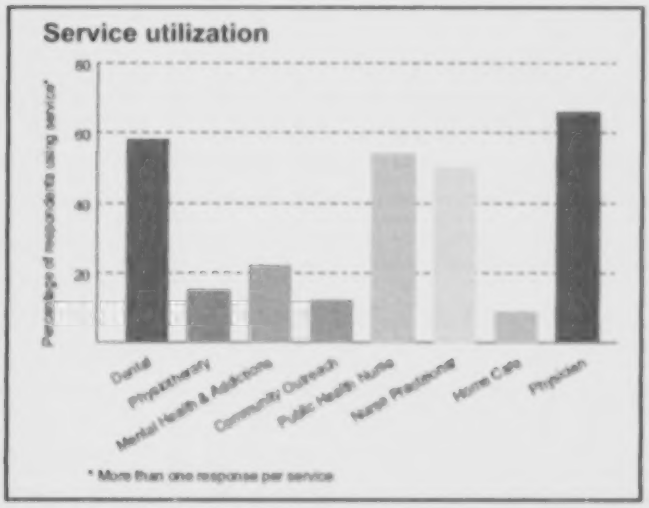
**Plan of action**

- Paper surveys for clients, patients and family (completed);
- Focused group sessions (not done);
- Spreadsheet development and data compilation (completed);
- Literature review of primary health care definitions (completed);
- Data review and literature discussion (completed);
- Development of primary health-care definition and shared vision (completed).

## Results

### *Utilization of Services*

By surveying clients, patients and family members, a better understanding of service utilization was realized.




**Service Utilization Graph**

### *Definition*

Through literature research and surveying users, a northern perspective of primary health care was developed:

- Primary Health Care (PHC) encompasses first-contact care necessary to meet clients' need by Physicians, Nurse Practitioners, Public Health Nurses and other frontline, health-care providers, including emergency medical services (EMS), community services, mental health and addictions services, therapies, early childhood services, Community Outreach and Education Workers, a Dietitian, dental programs for services and home-care services.
- The Keewatin Yatthé "wholistic model of care" ensures seamless client flow through a collaborative, interdisciplinary care process, with expedited referral to appropriate agencies and professionals to receive required services, reducing exclusion and social disparities.
- The model provides patient family centered care in partnership with individuals, families and communities, focusing on health promotion, prevention, chronic disease management, early diagnosis and treatment, referral and rehabilitation.

The system enables the people to access required services via telephone services / helpline to empower self-reliance.

### *Areas for improvement*

Planning work pointed to three areas for improvement:

1. Access to appointments:
   - Diagnostics
   - Specialists;
2. Co-ordinated chronic disease management;
3. In-region ophthalmology and expanded dental services.

### *Additional areas for improvement*

- Co-ordination and liaison with Northern Medical Services.
- Computer / technology disparity between locations (Ile a la Crosse has Wi-Fi, while La Loche does not; Ile a la Crosse has 100 Mb fibre optic bandwidth, while some outreach offices barely have speeds above dial-up).

### *Barriers to success identified*

- Electronic data tracking abilities;
- Baseline data and knowledge — How many specialist visits? How long are patients waiting to be referred? How many patients miss appointments;
- Strong feeling success would be greater if EMR was in place.

*While value of work done was acknowledged for the planning hoshin in 2015-16, Primary Health Care received no votes during Catchball to be given full hoshin status as for 2016-17.*

# FINANCIAL INFORMATION

May 27, 2016

## Keewatin Yatthé Regional Health Authority

## Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Keewatin Yatthé Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

- The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance/Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Jean-Marc Desmeules
Chief Executive Officer

Edward Harding
Executive Director of
Finance and Infrastructure

**THE ACCOUNTS OF KEEWATIN** Yatthé Regional Health Authority (KYRHA) are maintained in accordance with the restricted fund method of accounting for revenues. Consequently, you will see an "operating fund" and a "capital fund" in these statements. The operating fund records the revenue received and the expenses incurred to provide daily health-care services to the residents of the region. The capital fund records revenue received to purchase equipment/ infrastructure and the expenses relating to the cost of equipment and infrastructure used in the delivery of health-care services.

*Based on operating fund expenses of $29.158 million, KYRHA spent $79,884 per day to deliver health care in 2015-16*

## Operating Fund

KYRHA ended the fiscal year with a surplus of $445,468 in its operating fund, as noted on Statement 2 of the financial statements. The entire surplus has been transferred to the internally restricted fund (Schedule 4). This fund is used to purchase new or replace broken equipment in order to continue providing health-care services.

As of March 2016, the operating fund had a working capital surplus of $802,900. The working capital ratio is an indication of an organization's ability to pay its financial obligations in a timely manner. This indicator is calculated as "current assets" less "current liabilities" in the operating fund, as per the Statement of Financial Position (Statement 1) in the audited financial statements. Currently, the Region is operating with a positive 10 days of working capital in the operating fund.

## Expenditures

As noted on Statement 2, actual operating fund expenses for 2015-16 were $29.158 million, which equates to spending $79,884 per day to deliver health-care services within our Region. The $29.158 million in operating expenses represents a 3.2 per cent increase over 2014-15 actual operating expenses. When compared to the 2015-16 budget, actual expenses came in under budget by $264,603. The delivery of health care is very labour intensive. Of the $29.158 million spent, eighty-two per cent (82 per cent) relates to salaries and benefits paid to employees.

With respect to salaries for fiscal 2015-16, sick leave and wage-driven premiums continue to be areas of concern:

1. KYRHA saw a slight increase of $9,022 in sick-leave costs when compared to the previous fiscal year.
2. KYRHA saw a $271,042 increase in wage-driven premiums when compared to the previous fiscal year. There were a couple of events that contributed to this increase. We experienced forest fires throughout the entire Region, resulting in patients and long-term residents being evacuated to other parts of the province. As a result, our staff accompanied our clients to provide care. The tragic shooting incident on Jan. 22 in La Loche translated into additional staffing demands to support staff and community members in the village.
3. During the fiscal year, KYHRA made payments totaling $262,580 to health-care

organizations located within our Region to provide services to our residents as follows:
Meadow Lake Tribal Council ... $219,080
Ile a la Crosse Friendship Centre ..... $43,500

## Revenue

As noted on Statement 2, actual operating fund revenues totaled $29.603 million, of which Ministry of Health funding accounted for $27.475 million or ninety-three per cent (93 per cent) of the Region's total funding.

## Capital Fund

KYRHA ended the fiscal year with a deficit of $678,922 in its capital fund, as noted on Statement 2 of the financial statements. Actual revenue totaled $511,735, of which $480,000 is allocated to the La Loche facility to address infrastructure needs. The expenses of $1,190,657 represent the allocation of capital assets' cost over their estimated useful life.

The Region spent $182,859 for equipment and infrastructure purchases in the 2015-16 fiscal year, as noted on Statement 4 of the financial statements. The sources for funding these purchases can be found on Schedule 3 and Schedule 4 of the financial statements.

## Other

KYRHA holds special-purpose funds that are classified as "deferred funds." These funds are held for specific purposes and can only be drawn down when those conditions are met. As of March 31, 2016, deferred funds totaled $322,383. These deferred funds are listed in Note 5 of the financial statements.

Keewatin Yatthé Regional Health Authority

The Wholistic Health of Keewatin Yatthé Health Region Residents

# Keewatin Yatthé Regional Health Authority

## Financial Statements 2015 - 16

## Management's Responsibility

To the Saskatchewan Ministry of Health:

Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian public sector accounting standards for government not-for-profit organizations and ensuring that all information in the annual report is consistent with the statements. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

In discharging its responsibilities for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Board of Directors is composed entirely of Directors who are neither management nor employees of the Regional Health Authority. The Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Board fulfils these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Board is also responsible for the appointment of the Regional Health Authority's external auditors.

MNP LLP is appointed by the Board of Directors to audit the financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Board and management to discuss their audit findings.

May 25, 2016

Chief Executive Officer

Executive Director of
Finance and Infrastructure

## Independent Auditors' Report

To the Board of Directors of Keewatin Yatthe' Regional Health Authority:

We have audited the accompanying financial statements of Keewatin Yatthe' Regional Health Authority, which comprise the statement of financial position as at March 31, 2016 and the statements of operations, changes in fund balances, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

*Management's Responsibility for the Financial Statements*
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian Public Sector Accounting Standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

*Auditors' Responsibility*
Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall financial statement presentation.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

*Opinion*
In our opinion, the financial statements present fairly, in all material respects, the financial position of Keewatin Yatthe' Regional Health Authority as at March 31, 2016 and the results of its operations, changes in fund balances and its cash flows for the year then ended in accordance with Canadian Public Sector Accounting Standards for government not-for-profit organizations.

Prince Albert, Saskatchewan

May 25, 2016

MNP LLP

Chartered Professional Accountants

MNP

Statement 1

## Statement of Financial Position
## For the Year Ended March 31, 2016

| | Operating Fund | Restricted Capital Fund | Total March 31, 2016 | Total March 31, 2015 |
|---|---|---|---|---|
| **ASSETS** | | | | |
| **Current assets** | | | | |
| Cash and short-term investments (Note 7, Schedule 2) | $ 4,006,429 | $ 2,022,729 | $ 6,029,158 | $ 4,579,851 |
| Accounts receivable: | | | | |
| Ministry of Health - General Revenue Fund | 65,818 | - | 65,818 | - |
| Other | 448,787 | 137 | 448,924 | 749,753 |
| Inventory | 264,703 | - | 264,703 | 237,636 |
| Prepaid expenses | 126,340 | - | 126,340 | 146,318 |
| | 4,912,077 | 2,022,866 | 6,934,943 | 5,713,558 |
| **Investments** (Schedule 2) | 10,000 | 1,089 | 11,089 | 11,089 |
| **Capital assets** (Note 3) | - | 20,284,347 | 20,284,347 | 21,292,145 |
| **Total Assets** | $ 4,922,077 | $ 22,308,302 | $ 27,230,379 | $ 27,016,792 |
| **LIABILITIES & FUND BALANCES** | | | | |
| **Current liabilities** | | | | |
| Accounts payable | $ 1,561,908 | $ - | $ 1,561,908 | $ 1,315,014 |
| Accrued salaries | 735,345 | - | 735,345 | 563,531 |
| Vacation payable | 1,489,541 | - | 1,489,541 | 1,378,034 |
| Deferred Revenue (Note 5) | 322,383 | - | 322,383 | 437,557 |
| | 4,109,177 | - | 4,109,177 | 3,694,136 |
| **Long term liabilities** | | | | |
| Employee future benefits (Note 10.c) | 812,900 | - | 812,900 | 780,900 |
| **Total Liabilities** | 4,922,077 | - | 4,922,077 | 4,475,036 |
| **Fund Balances:** | | | | |
| Invested in capital assets | - | 20,284,347 | 20,284,347 | 21,292,145 |
| Externally restricted (Schedule 3) | - | 672,108 | 672,108 | 202,860 |
| Internally restricted (Schedule 4) | - | 1,351,847 | 1,351,847 | 1,046,751 |
| Unrestricted | - | - | - | - |
| Fund balances – (Statement 3) | - | 22,308,302 | 22,308,302 | 22,541,756 |
| **Total Liabilities & Fund Balances** | $ 4,922,077 | $ 22,308,302 | $ 27,230,379 | $ 27,016,792 |

Contractual Obligations (Note 4)
Pension Plan (Note 10.a)

**Approved by the Board of Directors:**

# Keewatin Yatthé Regional Health Authority

**Statement 2**

## Statement of Operations
## For the Year Ended March 31, 2016

| | Operating Fund | | | Restricted Capital Fund | |
|---|---|---|---|---|---|
| | Budget 2016 (Note 11) | 2016 | 2015 | 2016 | 2015 |
| **REVENUES** | | | | | |
| Ministry of Health - general | $ 27,151,618 | $ 27,475,484 | $ 27,098,278 | $ 503,281 | $ 165,565 |
| Other provincial | 649,811 | 569,686 | 759,764 | - | - |
| Federal government | 85,000 | 85,000 | 52,571 | - | - |
| Patient & client fees | 1,142,500 | 1,276,002 | 1,201,109 | - | - |
| Out of province (reciprocal) | 5,000 | 810 | 3,512 | - | - |
| Donations | - | 60 | 201 | 390 | 460 |
| Investment | 72,000 | 55,020 | 73,189 | - | - |
| Recoveries | 59,250 | 52,811 | 62,139 | - | - |
| Other | 257,000 | 88,171 | 236,283 | 8,064 | 27,899 |
| **Total revenues** | **29,422,179** | **29,603,044** | **29,487,046** | **511,735** | **193,924** |
| **EXPENSES** | | | | | |
| **Inpatient & resident services** | | | | | |
| Nursing Administration | 307,770 | 241,585 | 324,736 | 278 | 275 |
| Acute | 4,650,861 | 5,167,091 | 5,026,486 | 76,387 | 73,862 |
| Supportive | 1,898,527 | 2,480,568 | 1,782,791 | 31,518 | 33,191 |
| **Total inpatient & resident services** | **6,857,158** | **7,889,244** | **7,134,013** | **108,183** | **107,328** |
| **Physician compensation** | **38,000** | **36,986** | **37,216** | - | - |
| **Diagnostic & therapeutic services** | **2,240,790** | **2,179,378** | **1,979,811** | **65,683** | **59,759** |
| **Community health services** | | | | | |
| Primary health care | 2,548,439 | 2,712,707 | 2,693,636 | 10,734 | 14,762 |
| Home care | 1,345,161 | 1,393,435 | 1,424,401 | 67 | 333 |
| Mental health & addictions | 2,840,217 | 2,539,564 | 2,698,315 | 731 | 901 |
| Population health | 3,286,508 | 2,807,494 | 2,800,019 | 28,620 | 26,867 |
| Emergency response services | 2,390,140 | 2,687,524 | 2,502,054 | 52,969 | 49,762 |
| **Total community health services** | **12,410,465** | **12,140,724** | **12,118,425** | **93,121** | **92,625** |
| **Support services** | | | | | |
| Program support | 3,791,559 | 2,917,135 | 3,497,632 | 76,405 | 67,750 |
| Operational support | 3,967,207 | 3,878,375 | 4,188,091 | 847,265 | 851,392 |
| Other support | 85,000 | 83,734 | 84,343 | - | - |
| Employee future benefits | 32,000 | 32,000 | 24,200 | - | - |
| **Total support services** | **7,875,766** | **6,911,244** | **7,794,266** | **923,670** | **919,142** |
| **Total expenses (Schedule 1)** | **29,422,179** | **29,157,576** | **29,063,731** | **1,190,657** | **1,178,854** |
| **Excess (deficiency) of revenues over expenses** | **$ -** | **$ 445,468** | **$ 423,315** | **$ (678,922)** | **$ (984,930)** |

Statement 3

## Statement of Changes in Fund Balances
For the Year Ended March 31, 2016

| 2016 | Operating Fund | Restricted Capital Fund | Total 2016 |
|---|---|---|---|
| Fund balance, beginning of year | $ - | $ 22,541,756 | $ 22,541,756 |
| Excess (deficiency) of revenues over expenses | 445,468 | (678,922) | (233,454) |
| Interfund transfers (Note 13) | (445,468) | 445,468 | - |
| Fund balance, end of year | $ - | $ 22,308,302 | $ 22,308,302 |

| 2015 | Operating Fund | Restricted Capital Fund | Total 2015 |
|---|---|---|---|
| Fund balance, beginning of year | $ (1,182) | $ 23,104,552 | $ 23,103,370 |
| Excess (deficiency) of revenues over expenses | 423,315 | (984,930) | (561,614) |
| Interfund transfers (Note 13) | (422,133) | 422,133 | - |
| Fund balance, end of year | $ - | $ 22,541,756 | $ 22,541,756 |

Statement 4

## Statement of Cash Flow
## For the Year Ended March 31, 2016

| | Operating Fund | | Restricted Capital Fund | |
|---|---|---|---|---|
| | 2016 | 2015 | 2016 | 2015 |
| **Cash Provided by (used in):** | | | | |
| **Operating activities:** | | | | |
| Excess (deficiency) of revenue over expenditure | $ 445,468 | $ 423,315 | $ (678,922) | $ (984,930) |
| Net change in non-cash working capital (Note 6) | 674,985 | (1,488,684) | (22) | (69) |
| Amortization of capital assets | - | - | 1,190,657 | 1,178,854 |
| | 1,120,453 | (1,065,369) | 511,713 | 193,855 |
| **Capital activities:** | | | | |
| Purchase of capital assets | | | | |
| Equipment | - | - | (182,859) | (334,258) |
| | - | - | (182,859) | (334,258) |
| Net (decrease) increase in cash & short term investments during the year | 1,120,453 | (1,065,369) | 328,854 | (140,403) |
| Cash & short term investments, beginning of year | 3,331,444 | 4,818,946 | 1,248,407 | 966,677 |
| Interfund transfers (Note 13) | (445,468) | (422,133) | 445,468 | 422,133 |
| **Cash & short term investments, end of year** (Schedule 2) | **$ 4,006,429** | **$ 3,331,444** | **$ 2,022,729** | **$ 1,248,407** |

Notes to the Financial Statements
As at March 31, 2016

## 1. Legislative Authority

The Keewatin Yatthé Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Keewatin Yatthé Health Region, under section 27 of The Act. The RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

## 2. Significant Accounting Policies

These consolidated financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board and published by CPA Canada. The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270.

### a) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

#### i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

#### ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets. The capital fund includes revenues from Saskatchewan Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

Notes to the Financial Statements
As at March 31, 2016

b) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

c) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

| | |
|---|---|
| Buildings | 2½% to 5% |
| Leasehold improvements | 5% |
| Equipment | 5% to 33% |

Donated capital assets are recorded at their fair market value at the date of contribution (if fair value can be reasonably determined).

d) Inventory

Inventory consists of general stores and pharmacy. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

e) Employee Future Benefits

i) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Disability income plan:

Employees of the RHA participate in several disability income plans to provide wage-loss insurance due to a disability. The RHA follows post-employment benefits accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

Notes to the Financial Statements
As at March 31, 2016

iii) Accumulated Sick Leave Benefit Liability

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

f) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of the financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of contractual obligations and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

g) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these financial instruments are recognized in the Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2016 (2015 – none), the RHA did not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy (see Note 12).

3. Capital Assets

| | March 31, 2016 | | | March 31, 2015 |
|---|---|---|---|---|
| | Cost | Accumulated Amortization | Net Book Value | Net Book Value |
| Land | $ 115,000 | | $ 115,000 | $ 115,000 |
| Buildings/Leasehold Improvements | 28,430,005 | (9,373,998) | 19,056,007 | 19,897,767 |
| Equipment | 6,090,425 | (4,977,085) | 1,113,340 | 1,279,378 |
| | $ 34,635,430 | $ (14,351,083) | $ 20,284,347 | $ 21,292,145 |

## 4. Contractual Obligations

### Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five fiscal years are as follows:

| | |
|---|---|
| 2016-2017 | $426,122 |
| 2017-2018 | $ 171,967 |
| 2018-2019 | $ 177,001 |
| 2019-2020 | $ 177,001 |
| 2020-2021 | $ 171,145 |

**Notes to the Financial Statements**
**As at March 31, 2016**

**5. Deferred Revenue**

| As at March 31, 2016 | Balance Beginning of Year | Less Amount Recognized | Add Amount Received | Balance End of Year |
|---|---|---|---|---|
| **Sask Health Initiatives** | | | | |
| Aboriginal Awareness Training | $ 10,585 | $ - | $ - | $ 10,585 |
| **Patient Family Centered Care** | 3,240 | 421 | - | 2,819 |
| Def Representative Workforce | 2,354 | - | - | 2,354 |
| Enhanced Preventive Dental Service | 81,423 | 81,423 | - | - |
| Bursaries | 10,000 | - | - | 10,000 |
| Primary Health Care Redesign | 45,460 | - | - | 45,460 |
| eHealth Transformation Fund | 6,298 | 6,298 | - | - |
| Compensation | 145,669 | 145,669 | 65,818 | 65,818 |
| **Total Sask Health** | $ 305,029 | $ 233,811 | $ 65,818 | $ 137,036 |
| | | | | |
| **Other Government of Sask Initiatives** | | | | |
| Cognitive Disability | $ 51,829 | $ - | $ 9,491 | $ 61,320 |
| Mamawetan Churchill River RHA | 19,609 | - | - | 19,609 |
| Smart Pumps Funding | - | - | 12,539 | 12,539 |
| Infection Control | 7,053 | 7,053 | - | - |
| Peers Helping Peers | 813 | 813 | - | - |
| Kids First North | - | - | 57,984 | 57,984 |
| Buffalo Narrows Tiny Tots Program | 11,812 | 4,139 | - | 7,673 |
| Children Exposed to Violence | 33,471 | 10,066 | - | 23,405 |
| **Total Other Government of Sask** | $ 124,587 | $ 22,071 | $ 80,014 | $ 182,530 |
| | | | | |
| **Non-Government of Sask Initiatives** | | | | |
| Diabetes Relay | $ 3,634 | $ - | $ - | $ 3,634 |
| Ski Trail Buffalo Narrows | 1,110 | 1,110 | - | - |
| Fundraising Ile a La Crosse | 1,235 | - | 300 | 1,535 |
| Vending Machines Ile a La Crosse | - | 4,314 | - | (4,314) |
| La Loche Fundraising | 1,500 | - | - | 1,500 |
| P.A.R.T.Y Program | 462 | - | - | 462 |
| **Total Non-Government of Sask** | $ 7,941 | $ 5,424 | $ 300 | $ 2,817 |
| | | | | |
| **Total Deferred Revenue** | $ 437,557 | $ 261,306 | $ 146,132 | $ 322,383 |

Notes to the Financial Statements
As at March 31, 2016

## 6. Net Change in Non-Cash Working Capital

| | Operating Fund | | Restricted Capital Fund | |
|---|---|---|---|---|
| | 2016 | 2015 | 2016 | 2015 |
| (Increase) Decrease in accounts receivable | $ 235,033 | $ (156,724) | $ (22) | $ (69) |
| (Increase) Decrease in inventory | (27,067) | 28,443 | - | - |
| (Increase) Decrease in prepaid expenses | 19,978 | (7,569) | - | - |
| Increase (Decrease) in accounts payable | 246,894 | (5,229) | - | - |
| Increase (Decrease) in employee future benefits | 32,000 | 24,200 | - | - |
| Increase (Decrease) in accrued salaries | 171,814 | (422,048) | - | - |
| Increase (Decrease) in vacation payable | 111,507 | (25,237) | - | - |
| Increase (Decrease) in deferred revenue | (115,174) | (924,520) | - | - |
| | $ 674,985 | $(1,488,684) | $ (22) | $ (69) |

## 7. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2016, was $61,109 (2015 - $54,568).

## 8. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

### Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements at exchange amounts which approximate prevailing market rates charged by these organizations and are settled on normal trade terms.

In Addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of these purchases.

**Notes to the Financial Statements**
**As at March 31, 2016**

| | 2016 | 2015 |
|---|---|---|
| **Accounts Receivable** | | |
| 3sHealth | $ - | $ 3,819 |
| Ile a La Crosse School Division No. 112 | 8,855 | 12,389 |
| Ministry of Health - Northern Transportion | 342,304 | 369,821 |
| Ministry of Health - Senior Citizens' Ambulance Assistance Program | 44,541 | 41,478 |
| Ministry of Justice | 4,714 | 5,518 |
| Saskatchewan Government Insurance | 20,084 | 27,570 |
| Saskatchewan Workers Compensation Board | 769 | 769 |
| Saskatoon Regional Health Authority | 12,727 | 12,452 |
| University Of Saskatchewan | 9,522 | - |
| *Related Party Receivables* | $ 443,516 | $ 473,816 |

| | 2016 | 2015 |
|---|---|---|
| **Prepaid Expenditures** | | |
| Ile A La Crosse School Division No. 112 | $ 19,952 | $ - |
| Saskatchewan Workers Compensation Board | - | 46,631 |
| *Related Party Prepaid Expenditures* | $ 19,952 | $ 46,631 |

| | 2016 | 2015 |
|---|---|---|
| **Accounts Payable** | | |
| 3sHealth | $ 50,819 | $ 32,583 |
| eHealth Saskatchewan | 13,460 | - |
| Ile A La Crosse School Division No.112 | 32,790 | 35,646 |
| Mamawetan Churchill River Regional Health Authority | 6,000 | 90,065 |
| Ministry of Central Services | 63,660 | 1,707 |
| Minister of Finance | 2,811 | - |
| North Sask Laundry & Support Services Ltd. | - | 8,073 |
| Prairie North Regional Health Authority | 104,026 | 6,408 |
| Public Employees Pension Plan | 2,463 | 206 |
| Saskatchewan Health Employees Pension Plan | 159,517 | 170,401 |
| Saskatchewan Power | 1,558 | - |
| Saskatchewan Telecommunications | 13,840 | 13,265 |
| Saskatchewan Workers Compensation Board | 81,865 | - |
| University Of Saskatchewan | 3,308 | - |
| *Related Party Payables* | $ 536,117 | $ 358,354 |

**Notes to the Financial Statements**
**As at March 31, 2016**

| | 2016 | 2015 |
|---|---|---|
| **Revenues** | | |
| 3sHealth | $ 51,235 | $ 31,697 |
| Mamawetan Churchill River Regional Health Authority | 151,152 | 287,936 |
| Ministry of Health - Northern Transportation | 362,046 | 181,757 |
| Ministry of Health - Senior Citizens' Ambulance Assistance Program | 32,432 | 32,209 |
| Ministry of Justice | 2,575 | 268 |
| Saskatchewan Government Insurance | 27,428 | 25,977 |
| Saskatchewan Housing Corporation | - | 119,530 |
| Saskatoon Regional Health Authority | - | 275 |
| **Saskatchewan Workers Compensation Board** | 142,091 | - |
| *Related Party Revenues* | $ 768,959 | $ 679,649 |

| | 2016 | 2015 |
|---|---|---|
| **Expenditures** | | |
| 3sHealth | $ 727,141 | $ 880,012 |
| Athabasca Health Authority | - | 1,648 |
| eHealth Saskatchewan | 22,607 | - |
| Ile a La Crosse School Division No.112 | 86,688 | 150,314 |
| M.D. Ambulance Care Ltd. | 113,923 | 44,605 |
| Mamawetan Churchill River Regional Health Authority | 186,580 | 90,065 |
| Ministry of Government Relations | 19,924 | 19,924 |
| North Sask Laundry & Support Services Ltd. | 62,854 | 108,815 |
| Prairie North Regional Health Authority | 185,387 | 91,556 |
| Prince Albert Parkland Regional Health Authority | 1,904 | - |
| Public Employees Pension Plan | 64,131 | 66,977 |
| Saskatchewan Government Insurance | 2,946 | 12,173 |
| Saskatchewan Health Employees Pension Plan | 2,229,620 | 2,269,443 |
| Saskatchewan Power Corporation | 165,874 | 165,357 |
| Saskatchewan Telecommunications | 165,877 | 166,058 |
| Saskatchewan Transportation Company | 240 | 2,405 |
| Saskatchewan Workers' Compensation Board | 322,329 | 201,522 |
| Saskatoon Regional Health Authority | 6,149 | 13,968 |
| Sunrise Health Region | 240 | - |
| University of Regina | 7,936 | 683 |
| University of Saskatchewan | 8,351 | 5,299 |
| *Related Party Expenditures* | $4,380,701 | $4,290,824 |

## Notes to the Financial Statements
## As at March 31, 2016

**9. Comparative Information**

Certain prior year amounts and balances have been reclassified to conform to the current year's presentation.

**10. Employee Future Benefits**

a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by Health Shared Services Saskatchewan (3S Health), a related party, and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the Saskatchewan Association of Health Organizations (SAHO) Retirement Plan and governed by the SAHO Board of Directors).

2. Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation-Benefits in Schedule 1 and is equal to the RHA contributions amount below.

| Information on Pension Plans | 2016 | | | 2015 |
|---|---|---|---|---|
| | SHEPP[1] | PEPP | Total | Total |
| Number of active members | 263 | 7 | 270 | 269 |
| Member contribution rate, percentage of salary | 8.10-10.70%* | 6.00-7.00%* | | |
| RHA contribution rate, percentage of salary | 9.07-11.98%* | 6.00-7.00%* | | |
| Member contributions (thousands of dollars) | 1,092 | 33 | 1,125 | 1,109 |
| RHA contributions (thousands of dollars) | 1,223 | 32 | 1,255 | 1,238 |

* Contribution rate varies based on employee group.

1. Active members are employees of the RHA, including those on leave of absence as of March 31, 2016. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

**Notes to the Financial Statements**
**As at March 31, 2016**

Pension plan contribution rates have increased as a result of deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio of 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed.

b) Disability Income Plans

Employees of the RHA participate in one of three disability income plans, with the first two administered by 3sHealth and the third administered by SGEU.

1. General established in 1975
2. SUN established in 1982 – affiliated with the Saskatchewan Union of Nurses
3. SGEU established in 1975 – affiliated with the Saskatchewan Government and General Employees Union

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Disability expense is included in 'Compensation – benefits' in Schedule 1 and is equal to the RHA contributions amount below.

| Information on Disability Plans | 2016 | | | | 2015 |
|---|---|---|---|---|---|
| | General | SUN | SGEU | Total | Total |
| Number of active members | 63 | 38 | 158 | 259 | 278 |
| Member contribution rate, percentage of salary | 0.598-0.650%* | 0.759% | 1.30% | | |
| RHA contribution rate, percentage of salary | 0.650-0.702%* | 0.891% | - | | |
| Member contributions (thousands of dollars) | 26 | 22 | 81 | 129 | 140 |
| RHA contributions (thousands of dollars) | 28 | 26 | - | 54 | 61 |

* Contribution rate varies based on employee group.

Notes to the Financial Statements
As at March 31, 2016

c) Accumulated Sick Leave Benefit Liability

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2016. Key assumptions used as inputs into the actuarial calculation are as follows:

| | 2016 | 2015 |
|---|---|---|
| Discount rate | 2.40% | 1.90% |
| Rate of inflation/increased earnings, for seniority, merit and promotion | | |
| For ages 15 to 29 | 2.00% | 2.00% |
| For ages 30 to 39 | 1.50% | 1.50% |
| For ages 40 to 49 | 1.00% | 1.00% |
| For ages 50 to 59 | 0.50% | 0.50% |
| For ages 60 and over (Non Sun Members) | 0.00% | 0.00% |
| For ages 60 and over (Sun Members at 20 years service) | 2.00% | 2.00% |

| | 2016 | 2015 |
|---|---|---|
| Accrued benefit obligation, beginning of year | $780,900 | $756,700 |
| Cost for the year | | |
| Interest Expense | 16,400 | 22,400 |
| Other | 131,100 | 118,300 |
| Benefits paid during the year | (115,500) | (116,500) |
| Accrued benefit obligation, end of year | $812,900 | $780,900 |

11. Budget

The RHA Board approved the 2015-16 operating and capital budget plans on May 27, 2015.

Notes to the Financial Statements
As at March 31, 2016

## 12. Financial Instruments

### a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

### b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Board ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Board oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

### c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

| | 2016 | 2015 |
|---|---|---|
| Cash and short-term investments | $ 6,029,158 | $ 4,579,851 |
| Accounts receivable | | |
| Ministry of Health - General Revenue Fund | 65,818 | - |
| Other | 448,924 | 749,753 |
| Investments | 11,089 | 11,089 |
| | $ 6,554,989 | $ 5,340,693 |

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide its investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

Notes to the Financial Statements
As at March 31, 2016

d) Market Risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

e) Liquidity risk

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, 2016 the RHA had a cash balance of $6,029,158 (2015 - $4,579,851).

f) Fair value:

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

Determination of fair value:

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.
Level 2 – Valuation model not using quoted prices, but still using predominantly observable market inputs, such as market interest rates.
Level 3 – Where valuation is based on unobservable inputs. There were no items measured at fair value using level 3 in 2015 or 2016.

There were no items transferred between levels in 2015 or 2016.

g) Operating Line-of-Credit

The RHA has a line-of-credit limit of $500,000 (2015 - $500,000) with interest charged at prime. The line-of-credit is non-secured. Total interest paid on the line-of-credit in 2015-16 was $0 (2014-15 - $0). This line-of-credit was approved by the Minister of Health in 1999.

Notes to the Financial Statements
As at March 31, 2016

## 13. Interfund Transfers

Each year, the RHA may transfer amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

| | 2016 | | 2015 | |
|---|---|---|---|---|
| | Operating Fund | Capital Fund | Operating Fund | Capital Fund |
| Capital Asset Purchases | $ (445,468) | $ 445,468 | $ (422,133) | $ 422,133 |

## 14. Pay for Performance

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the fiscal years 2014-15 to 2016-17. This compensation plan was introduced in April 2011 and allowed the Chief Executive Officer to be eligible to earn a lump sum performance adjustment of up to 110% of his base salary. In prior years, the Chief Executive Officer was paid 90% of current base salary and a lump sum performance adjustment related to the previous year. Due to the suspension of the pay for performance compensation plan, the Chief Executive Officer will receive 100% of his base salary for the fiscal years 2014-15 to 2016-17.

## 15. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

## 16. Collective Bargaining Agreement

The Health Sciences Association of Saskatchewan (HSAS) contract is in effect until March 31, 2018. The Saskatchewan Government and General Employees' Union (SGEU) contract is in effect until March 31, 2017.

The Saskatchewan Union of Nurses (SUN) contract expired on March 31, 2014. At March 31, 2016 a tentative four-year agreement had been signed and was ratified on April 20, 2016.

Schedule 1

## Schedule of Expenses by Object
## For the Year Ended March 31, 2016

| | Budget 2016 (Note 11) | Actual 2016 | Actual 2015 |
|---|---|---|---|
| **Operating:** | | | |
| Advertising & public relations | $ 16,400 | $ 10,798 | $ 7,992 |
| Board costs | 181,400 | 109,573 | 87,826 |
| Compensation - benefits | 4,286,573 | 3,551,106 | 4,076,270 |
| Compensation - salaries | 18,485,571 | 19,103,012 | 18,322,154 |
| Continuing education fees & materials | 278,590 | 208,534 | 298,365 |
| Contracted-out services - other | 292,500 | 284,894 | 309,249 |
| Diagnostic imaging supplies | 30,550 | 1,593 | 16,565 |
| Dietary supplies | 27,000 | 33,031 | 32,991 |
| Drugs | 206,450 | 212,870 | 237,237 |
| Food | 288,050 | 270,321 | 303,875 |
| Grants to health care organizations & affiliates | 335,500 | 262,580 | 335,500 |
| Housekeeping & laundry supplies | 20,900 | 21,765 | 13,870 |
| Information technology contracts | 42,500 | 31,006 | 31,214 |
| Insurance | 90,900 | 88,919 | 90,214 |
| Interest | 75 | 43 | 11 |
| Laboratory supplies | 175,500 | 177,435 | 156,456 |
| Medical & surgical supplies | 358,300 | 403,607 | 380,917 |
| Office supplies & other office costs | 346,125 | 458,683 | 435,819 |
| Other | 178,350 | 105,356 | 109,090 |
| Professional fees | 273,272 | 401,693 | 299,783 |
| Purchased salaries | 889,600 | 1,117,692 | 1,086,404 |
| Rent/lease/purchase costs | 944,948 | 880,062 | 823,138 |
| Repairs & maintenance | 479,675 | 467,689 | 625,671 |
| Supplies - other | 49,100 | 46,288 | 47,923 |
| Travel | 648,300 | 594,779 | 540,635 |
| Utilities | 496,050 | 314,247 | 394,562 |
| **Total Operating Expenses** | $ 29,422,179 | $ 29,157,576 | $ 29,063,731 |
| **Restricted:** | | | |
| Amortization | | $ 1,190,657 | $ 1,178,854 |
| | | $ 1,190,657 | $ 1,178,854 |

Schedule 2

## Schedule of Investments
## As at March 31, 2016

| | Fair Value | Maturity | Effective Rate | Coupon Rate |
|---|---|---|---|---|
| **Restricted Investments** | | | | |
| **Cash and Short Term Investments** | | | | |
| Chequing and Savings: | | | | |
| Innovation Credit Union: Capital Account | $ 44 | | 0.45% | |
| Innovation Credit Union: Chequing Account | 2,022,685 | | 0.95% | |
| | $ 2,022,729 | | | |
| **Total Cash & Short Term Investments** | $2,022,729 | | | |
| **Long Term Investments** | | | | |
| Innovation Credit Union Equity | $ 1,089 | | | |
| **Total Long Term Investments** | $ 1,089 | | | |
| **Total Restricted Investments** | $2,023,818 | | | |
| **Unrestricted Investments** | | | | |
| **Cash and Short Term Investments** | | | | |
| Chequing and Savings - Innovation Credit Union | $ 3,943,820 | | 0.95% | |
| Petty Cash | 1,500 | | | |
| | $ 3,945,320 | | | |
| Innovation Credit Union: Residents' Trust Account | 61,109 | | 0.10% | |
| **Total Cash & Short Term Investments** | $4,006,429 | | | |
| **Long Term Investments** | | | | |
| Innovation Credit Union | $ 10,000 | | | |
| **Total Long Term Investments** | $ 10,000 | | | |
| **Total Unrestricted Investments** | $4,016,429 | | | |
| **Total Investments** | $6,040,247 | | | |
| **Restricted & Unrestricted Totals** | | | | |
| Total Cash & Short Term Investments | $ 6,029,158 | | | |
| Total Long Term Investments | 11,089 | | | |
| **Total Investments** | $6,040,247 | | | |

Schedule 3

## Schedule of Externally Restricted Funds
## For the Year Ended March 31, 2016

| | Balance Beginning of Year | Investment & Other Income | Capital Grant Funding | Expenses | Transfer to Investment in Capital Asset Fund Balance | Balance End of Year |
|---|---|---|---|---|---|---|
| Sask Health Initiatives | | | | | | |
| Ministry of Health - Capital Projects | $ 202,860 | $ 4,269 | $ 503,281 | $ - | $ (38,302) | $ 672,108 |
| Total Capital Fund | $ 202,860 | $ 4,269 | $ 503,281 | $ - | $ (38,302) | $ 672,108 |

Schedule 4

## Schedule of Internally Restricted Funds
## For the Year Ended March 31, 2016

| | Balance, beginning of year | Investment income allocated | Annual allocation from unrestricted fund | Transfer to unrestricted fund (expenses) | Transfer to investment in capital asset fund balance | Balance, end of year |
|---|---|---|---|---|---|---|
| Future Capital Projects | $ 1,046,751 | $ 4,185 | $ 445,468 | $ - | $(144,557) | $1,351,847 |

Schedule 5(a)

## Schedule of Board Member Remuneration
## For the Year Ended March 31, 2016

| RHA Members | 2016 | | | | | | 2015 |
|---|---|---|---|---|---|---|---|
| | Retainer | Per Diem | Expenses | Sustenance | CPP | Total | Total |
| **Chairperson** | | | | | | | |
| Tina Rasmussen | $ 9,960 | $ 9,038 | $ 7,023 | $ 7,259 | $ 1,288 | $ 34,568 | $ 30,762 |
| **Members** | | | | | | | |
| Myra Malboeuf | - | 4,025 | 1,852 | 3,989 | 291 | 10,157 | 3,796 |
| Elmer Campbell | - | 638 | 260 | 377 | 44 | 1,319 | 3,331 |
| Patty Gauthier | - | 3,438 | 1,883 | 3,056 | 263 | 8,640 | 4,207 |
| Barbara Flett | - | 3,288 | 1,378 | 1,114 | 231 | 6,011 | 5,786 |
| Peter Laprise | - | 1,000 | 284 | 413 | 64 | 1,761 | - |
| Robert Woods | - | 1,663 | 408 | 657 | 103 | 2,831 | 4,921 |
| Bruce Ruelling | - | 2,975 | 1,631 | 2,485 | - | 7,091 | 9,804 |
| Kenneth T Iron | - | 3,088 | 1,275 | 1,918 | - | 6,281 | 5,936 |
| Total | $ 9,960 | $ 29,153 | $ 15,994 | $ 21,268 | $ 2,284 | $ 78,659 | $ 68,543 |

**Schedule 5(b)**

## Schedule of Senior Management Remuneration
## For the Year Ended March 31, 2016

| | 2016 | | | | | 2015 | | |
|---|---|---|---|---|---|---|---|---|
| Senior Employees | Salaries[1] | Benefits and Allowances[2] | Sub-total | Severance Amount | Total | Salaries, Benefits & Allowances[1,2] | Severance | Total |
| Jean Marc Desmeules, CEO | 207,693 | 24,019 | 231,712 | - | $ 231,712 | $ 192,190 | $ - | $ 192,190 |
| Richard Petit, CEO | - | - | - | - | - | 18,151 | - | 18,151 |
| Edward Harding, CFO | 154,088 | 14,291 | 168,379 | - | 168,379 | 134,215 | - | 134,215 |
| Rowena Materne, Executive Director | - | - | - | - | - | 52,581 | - | 52,581 |
| Carol Gillis, Executive Director | 126,909 | 8,707 | 135,616 | - | 135,616 | 78,711 | - | 78,711 |
| Michael Quennell, Executive Director | - | - | - | - | - | 96,705 | - | 96,705 |
| Girija Nair, Executive Director | 141,689 | 11,666 | 153,355 | - | 153,355 | 65,951 | - | 65,951 |
| Total | $630,379 | $ 58,683 | $689,062 | $ - | $689,062 | $ 638,504 | $ - | $638,504 |

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lump sum payments, and any other direct cash remuneration. As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the fiscal years 2014-15 to 2016-17. The Chief Executive Officer was paid 100% of his base salary for 2015-16. Refer to Note 14 for further details.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits and personal use of: an automobile. It also includes personal use of a cell-phone, a computer, etc. and any other taxable benefits.

# APPENDICES

# KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY ORGANIZATIONAL CHART

October 2015

Board Committees

**Board of Directors**

Executive Assistant

**Chief Executive Officer**

Senior Medical Officer

**Jean-Marc Desmeules**

**Executive Director Health Services**

**Executive Director Finance & Infrastructure**

**Executive Director Corporate Services**

**Girija Nair**

**Edward Harding**

**Carol Gillis**

- Population Health Services
- Community Development & Health Promotion
- Acute Care & Clinical Services
- Mental Health and Addictions
- Emergency Response & Medical Transport
- (Contracted Service) Pharmacist
- Finance
- Infrastructure
- Support Services
- Information Technology
- Board Development
- Communications
- Human Resources
- KPO / QCC

# Keewatin Yatthé Regional Health Authority
# Payee Disclosure List
# For the year ended March 31, 2016

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases, and other expenditures.

## Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more.

| | |
|---|---|
| Abele, Brandi Da | $ 70,440 |
| Abubakar, Suadh | 82,815 |
| Aguinaldo, Rosalina | 202,679 |
| Ballantyne, Betsy | 116,928 |
| Basaraba Pedersen, Anne | 63,382 |
| Brunelle, Elizabeth | 149,777 |
| Burnouf, Jordyn | 54,513 |
| Caisse, Loretta | 80,231 |
| Caisse, Samantha | 95,186 |
| Campbell, Deborah | 95,417 |
| Chartier, Bertha | 54,004 |
| Chartier, Paul | 62,231 |
| Clarke, Cathy M | 63,689 |
| Clarke, Crystal | 106,739 |
| Clarke, Dawn | 69,248 |
| Clarke, Iris | 107,172 |
| Clarke, Jacqueline | 99,529 |
| Corrigal, Amy | 75,403 |
| Corrigal, Anna | 105,588 |
| Daigneault, Diania | 60,451 |
| Daigneault, Karen | 58,435 |
| Daigneault, Lena | 56,584 |
| Daigneault, Robert | 92,672 |
| Deegan, Peter | 113,390 |
| Dennett, Lindsay | 86,551 |
| Desjardin, Bernice | 59,168 |
| Desjardins, Raeah | 85,256 |
| Desjarlais, Bodean | 103,311 |
| Desjarlais, Erica-Rae | 116,640 |
| Desjarlais, Judy | 50,935 |
| Desjarlais, Kylie | 59,822 |
| Desjarlais, Marieadele | 51,552 |
| Desjarlais, Tammy | 73,635 |
| Desmeules, Jean Marc | 219,304 |
| Durocher, Cheyanne | 62,488 |
| Durocher, Dolores | 107,279 |
| Durocher, Liz | 81,042 |
| Durocher, Martin | 83,421 |
| Durocher, Peter | 95,141 |
| Durocher, Waylon | 128,931 |
| Dyrland, Jared | 112,290 |
| Elliott, Hilda | 78,154 |
| Ericson, Chelsea | 75,066 |
| Favel Gardiner, Pamela | 75,573 |
| Favel, Brittany | 78,203 |
| Favel, Dennis | 58,866 |
| Favel, Marlena | 119,269 |
| Favel, Ryan | 52,349 |
| Fontaine, Owen | 57,787 |
| Forde, Maudlin | 106,459 |
| Francis, Bibin | 152,952 |
| Gardiner, Brenda | 65,506 |
| Gardiner, Christine | 97,632 |
| Gardiner, Leona | 52,776 |
| Gardiner, Melanie | 107,447 |
| Gardiner, Robert | 62,226 |
| Gardiner, Sheri | 127,893 |
| Geetha, Rakesh Mo | 206,214 |
| Gibbons, Edith | 125,379 |
| Gillis, Carol | 138,819 |
| Gordon, Calla | 94,092 |
| Gordon, Maureen | 65,090 |
| Hansen, Cindy | 81,369 |
| Hansen, Kayla | 50,274 |
| Hansen, Marlene | 92,485 |
| Hansen, Rae-Ann | 70,610 |
| Hanson, Jolene | 106,601 |
| Hanson, Brenda | 91,514 |
| Hanson, Kimberly | 59,317 |
| Harbor, Kristi | 144,657 |
| Harding, Edward | 163,371 |
| Harrison, Cameron | 63,049 |
| Hercina, Karen | 64,574 |
| Herman, Dean | 96,349 |
| Herman, Judy | 68,978 |
| Herman, Kevin | 65,000 |

Herman, Marilyn ..... 59,869
Herman, Melinda ..... 91,367
Hodgson, Christina ..... 77,731
Hodgson, Roberta ..... 83,037
Honrada, Charry ..... 203,876
Hood, Samantha ..... 96,687
Howson, Marianne ..... 70,099
Iron, Terrance ..... 85,546
Janvier, Antoinett ..... 64,043
Janvier, Gloria ..... 51,978
Janvier, Joanne ..... 65,721
Janvier, Kylie ..... 91,197
Janvier, Leona ..... 51,864
Janvier, Ricky ..... 58,437
Janvier, Rita ..... 53,407
Jones, Kalvin ..... 58,040
Kent, Stephanie ..... 108,260
Kilfoyl Justina ..... 99,881
Kimbley, Sharon ..... 118,653
Kissick, Margaret ..... 89,260
Koskie, Megan ..... 86,660
Kucharski, Michal ..... 113,146
Kyplain, Jane ..... 60,799
Lafleur, Leanne ..... 73,598
Laliberte, Iona ..... 54,681
Laliberte, Katelyn ..... 55,598
Laliberte, Kathy ..... 52,097
Lanteigne, Michelle ..... 90,343
Laprise, Devin ..... 73,119
Laprise, Lawrence ..... 65,438
Lariviere, Doreen ..... 126,599
Lemaigre, Antoinett ..... 98,340
Lemaigre, Carol ..... 74,817
Lemaigre, Jessie ..... 60,526
Lemaigre, Jessie E ..... 50,243
Lemaigre, Marcella ..... 55,714
Listoe, Eileen ..... 110,879
Makar, Nadia ..... 64,175
Maurice, Judy ..... 75,872
Maurice, Linda ..... 52,504
Mazurik, Matt ..... 100,849
Mccallum, Jason ..... 53,171
Mcgaughey, Calvin ..... 90,708
Misponas, Evelyn ..... 63,253
Moise, Clara ..... 71,570
Montgrand, Brenda ..... 50,867
Montgrand, Glenda ..... 102,680
Morin, April ..... 128,717
Morin, Darryl ..... 125,016
Morin, Ida ..... 59,324
Morin, Lyndsay ..... 116,587
Morin, Lynn ..... 61,270
Muench, Lori ..... 64,522
Nair, Girija ..... 152,192
Park, Georgina ..... 51,035
Paun, Marian ..... 107,054
Pedersen, Phyllis ..... 86,371
Petit, Melissa ..... 97,197
Petit, Richard ..... 57,677
Piche, Carol ..... 93,352
Probert, Phyllis ..... 51,656
Raymond, Carmen ..... 82,054
Reid, Victoria ..... 67,029
Reigert, Cindy ..... 101,425
Riemer, Ann ..... 89,304
Roesler, Diane ..... 63,019
Roy, Jocelyn ..... 86,682
Roy, Lorraine ..... 96,793
Seright, Eva ..... 73,163
Seright-Gardiner, Pearl ..... 150,584
Shmyr, Stacey ..... 96,039
Smith, Brenda ..... 94,237
Smith, Ryan ..... 137,493
Solway, Loretta ..... 121,732
Starks, Faye ..... 58,724
Striker, Bertha ..... 54,912
Sylvestre, Brenda ..... 65,173
Sylvestre, Flora ..... 53,466
Taylor, Patricia ..... 215,745
Taylor, Sharon ..... 76,793
Thompson, Marlene ..... 68,777
Toulejour, Justine ..... 54,200
Tsannie, Linda ..... 101,434
Wallace, Robin ..... 126,592
Watson, Pamela ..... 53,960
West, Dale ..... 113,284
Williams, Ronda ..... 62,671
Wishlow, Janelle ..... 70,578
Woods, Doris ..... 94,646
Yelland, Rochelle ..... 101,020
Yole-Merasty, Sasha ..... 79,975
Yuhasz, Juanita ..... 106,860

## Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

| | |
|---|---|
| HSAS Union Dues | $ 50,045.16 |
| Wood Wyant | 51,337.73 |
| OCD Canada Holdings | 54,114.18 |
| Meyers Norris Penny LLP | 56,363.75 |
| Philips Healthcare | 56,376.72 |
| SUN | 56,815.33 |
| OK Tire | 60,612.64 |
| Grand & Toy | 60,814.21 |
| Abbott Diagnostics Division | 62,017.53 |
| Marsh Canada Limited | 62,930.00 |
| North Sask Laundry | 62,933.12 |
| Public Employees Pension Plan | 64,336.88 |
| Autism Services | 65,000.00 |
| Hospira Healthecare Corp | 70,018.02 |
| Ile a la Crosse Friendship Centre | 73,500.00 |
| La Loche Housing Authority | 77,849.00 |
| Ile a la Crosse Development Corp | 80,660.00 |
| Prairie North Regional Health Authority | 87,768.69 |
| SGEU - Ltd | 88,905.35 |
| 3sHealth-Disability Income Plan | 103,006.76 |
| Ile a la Crosse School Division | 104,864.48 |
| Physio-Control Canada Sales Ltd | 105,109.08 |
| The Great West Life Assurance Co | 110,216.62 |
| Garda Canada Security Corp | 111,459.30 |
| MD Ambulance Care Ltd | 113,923.40 |
| Select Medical Connections Ltd | 114,906.59 |
| SGEU | 117,046.81 |
| Andrea, Gaudet | 124,976.93 |
| 3sHealth | 125,771.20 |
| The North West Company | 128,798.03 |
| 3sHealth- Core Dental Plan | 129,401.94 |
| Eckert, Arlene | 139,626.00 |
| SaskTel | 142,902.71 |
| Sysco Serca Food Services Inc | 163,879.52 |
| Federated Co-Operatives Ltd | 166,639.96 |
| SaskPower | 166,979.54 |
| McKesson Canada | 178,161.03 |
| MCR Regional Health Authority | 180,580.00 |
| Schaan Healthcare Products | 184,213.09 |
| 101134903 Saskatchewan Ltd | 187,738.32 |
| Campbell, Becky Jo | 218,527.45 |
| Saskatchewan Worker's Comp Board | 240,464.25 |
| The Minister of Finance | 292,660.66 |
| 3sHealth Dental Plan | 347,803.06 |
| The Minister of Finance | 438,013.03 |
| Sask Healthcare Employees Pension | 2,305,906.67 |
| Receiver General for Canada | 5,982,326.39 |